



# Registration Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PART 1:**

If you have more children to register, please fill out the parent, address, and children's name section on another form and attach it to this one.

### **Child 1**

Male  Female

Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

### **Child 3**

Male  Female

Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

### **Parent 1**

Male  Female

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

### **Child 2**

Male  Female

Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

### **Child 4**

Male  Female

Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

### **Parent 2**

Male  Female

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

List children in order from oldest to youngest. Note: In order to be a Cubbie the following requirements need to be met:

- 1) 3 years old as of the first day of club;
- 2) Potty-trained;
- 3) A parent is involved in AWANA

**PART 2:**

Please fill out and complete information below.

**Emergency Information:** (If my child is ill, has an emergency and I cannot be reached, please call and release my child to:)

Emergency Contact \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Please list any adults, not previously listed, that are authorized to pick up your children:

\_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Phone: (\_\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medical Coverage by: \_\_\_\_\_

ID #: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_



**Liability/Medical Release  
 (RELEASE OF ALL CLAIMS)**

We, the undersigned parent/legal guardian of

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

do hereby release, forever discharge, and agree to hold harmless Redwood Chapel Community

Church and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in the Awana club program during the season.

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give our permission for our child to participate in the aforementioned programs and its activities, and for any representative of Redwood Chapel Community Church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

\_\_\_\_\_  
Name of Parent or Legal Guardian\_\_\_\_\_  
Signature of Parent or Legal Guardian\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I give Redwood Chapel the absolute right and permission to publish in print, electronic (including World Wide Web use), or video format, the likeness or image of my child, without further consideration or approval from myself. I also waive any right to royalties or other compensation arising from or related to the use of said images by the RCCC. I release Redwood Chapel Community Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

\_\_\_\_\_  
Signature of Parent or Legal Guardian\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date**For our information:**How did you hear about AWANA?  
\_\_\_\_\_Do you attend church regularly?  Yes  No

If yes, where? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Medical		
Fee	Cash	Check
	#	_____

Signed \_\_\_\_\_

Computer \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_