

AWANA Registration

<u>Child's Name (first and last)</u>	<u>Birthdate</u>	<u>Age</u>	<u>Grade</u>	<u>Club</u>
_____	_____	_____	_____	☐ Puggles (2-3 y.o. not potty trained) ☐ Cubbies (3-5 y.o.) ☐ Sparks (K-2nd) ☐ T&T (3rd-6th)
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Allergies or Special Needs Please list with name of child

Name of church you attend, if applicable: _____

Contact Details

Parent/Guard 1 Name: _____

Parent/Guard 1 Phone #: _____

Parent/Guard 2 Name: _____

Parent/Guard 2 Phone #: _____

Email: _____ **Emergency Contact: (NOT parent/guardian)**

Address: _____ Em Contact Name: _____

_____ Em Contact Phone #: _____

Permissions & Releases

Medical Release: I, being the parent or legal guardian of the child/ren, give permission to CCDV leadership to authorize or administer medical attentions to my child/ren in case of an emergency. I understand every effort will be made to contact me as quickly as possible.

Liability Release: I, being the parent or legal guardian of the child/ren, assume the responsibility for and costs connected with such treatment and hereby release from any liability therefore.

Publicity Release: I understand that photos and/or videos of the participants may be taken during ministry events.

Posting Permissions: I, being the parent or legal guardian of the child/ren, grant permission to CCDV to use photographs and/or video in the best interest of CCDV.

Signature: I, being the parent or legal guardian of the child/ren, affirm all the responses above by signing my name.

Signature: _____ Date: _____