

AWANA Registration & Permission Form

2017-2018

Lake Spokane Community Church (LSCC) 6418 Hwy 291, Nine Mile Falls, WA 99026 (509) 276-5472



Dear Parents or Guardians,
Please complete this Registration & Permission Form and bring it with you on the next club night.
This information is required for contact in case of an emergency. Please do not delay in returning it.

Family Info:

Parents Names (or Guardians): _____

Your Relation to the child (are you the mother, father, aunt, uncle, guardian, etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent Emails: _____

(The email address will only be used to contact you for AWANA or family related church events that may be of interest)

Home Phone: _____ Cell Phone(s): _____

Home Church: _____

Name of Emergency Contact Person if parent(s) or guardian(s) cannot be reached: _____

Relation to Child: _____ Phone: _____

Medical Insurance: _____ Subscriber: _____

Child 1: Name: _____ Boy _____ Girl _____
(Last) (First) (M.I.)

Grade: _____ Age: _____ Birth Date: ____/____/____

Any health problems, allergies and/or allergic reactions, or restrictions in game participation?

Child 2: Name: _____ Boy _____ Girl _____
(Last) (First) (M.I.)

Grade: _____ Age: _____ Birth Date: ____/____/____

Any health problems, allergies and/or allergic reactions, or restrictions in game participation?

Child 3: Name: _____ Boy _____ Girl _____
(Last) (First) (M.I.)

Grade: _____ Age: _____ Birth Date: ____/____/____

Any health problems, allergies and/or allergic reactions, or restrictions in game participation?

Child 4: Name: _____ Boy _____ Girl _____
(Last) (First) (M.I.)

Grade: _____ Age: _____ Birth Date: ____/____/____

Any health problems, allergies and/or allergic reactions, or restrictions in game participation?

Pick Up Authorization

I do hereby authorize the following people to pick up my child from Awana:

1.) _____ (relation to child) _____ 3.) _____ (relation to child) _____

2.) _____ (relation to child) _____

_____, No, I do not authorize anyone to pick up my child but me, _____

Persons not allowed to pick up my child are: _____

Medical & Photo Release on Back. KEEP GOING!!!!!! → → →

Medical & Photo Release

I hereby give permission for my child (named above) to attend and participate in the LSCC Awana Club and any special activities and events planned by the Awana Club. I do herewith authorize emergency medical treatment be given if necessary, only after a reasonable effort has been made to reach me/us the parent(s) or guardian(s).

I, the undersigned, do hereby release and agree to hold harmless the Awana Leadership, LSCC, and Awana Clubs Intl. from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in the Awana Club and its activities and special events.

I understand and hereby grant LSCC Awana Club, its staff and leaders, permission that, while my child is participating in approved Awana activities, photographs and videotape of my child may be taken for use in promoting Awana and its activities in the church & community. I further release LSCC and its staff and leadership from any and all claims that I may have against them as a result of my child's picture being used in promoting Awana.

Yes, I give permission for my child's picture or video to be used in promotional material for LSCC.

No, do not use a picture or video of my child in promotional material for LSCC.

Name of Parent or Guardian: (please print) _____

Signature: _____ Date: _____