



**LCC AWANA
Registration Form
2017-18**

LCC AWANA Registration Form

Please bring this completed form to pre-registration or mail to the church. A separate form must be completed for each child. One child per registration form please. Additional forms are available in the church office or by emailing tklein@lexcc.org.

Child's Name _____
Address _____ City _____ Zip _____
Home Phone _____ Male/Female (circle one)
Age _____ Birthdate: _____ Mo. _____ Day _____ Yr. Grade ('17-'18 school year) _____

I am registering my child for (circle one): Cubbies (age 3-5) Sparks (K-2) T&T Girls (3-5 gr) T&T Boys (3-5 gr)

Parent/Guardian Name _____

Cell Phone _____

E-mail Address _____

Please provide the following information **only if different than your child's information above.**

Address _____ City _____ Zip _____

Home Phone _____

Church currently attending _____ None

My child will be brought by _____

Allergies or other special conditions _____

Names and ages of brother(s)/sister(s) also currently attending AWANA at Lexington Community Church:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

IN CASE OF EMERGENCY:

Telephone where you can be reached during AWANA (cell phone preferred) _____

Other emergency contact:

Name: _____ Telephone _____

Dues (\$1/wk or \$25/yr) _____

Handbook/Materials (\$11) _____

TOTAL AMOUNT ENCLOSED _____

(Make checks payable to: Lexington Community Church)

If mailing registration, please mail to:
Lexington Community Church, Attn: AWANA,
805 S Pine St, Lexington, IL 61753 by September 4, 2017.

**Lexington Community Church (LCC)
Consent and Medical Release Form**

I, the undersigned parent or legal guardian, do hereby grant permission for the following child:

Last Name	First Name	MI	Birth date
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to attend, participate in and/or go on any and all events, clubs and activities sponsored or hosted by LCC, including any related travel.

Medical Consent and Information

In the event of an emergency where medical treatment is required I give permission to LCC and any of its officials, employees, staff, representatives, agents and volunteers (collectively, "LCC Staff") to obtain or arrange for medical services and treatment, including the services of a physician, and to authorize treatment on my behalf. Please attempt to notify me immediately concerning any such emergency. I acknowledge and agree that I am responsible for payment and that my insurance plan is the primary coverage for any such treatment and any insurance plan of LCC may only be used, if at all, as the secondary coverage, if applicable.

Please identify any medical information, allergies and special dietary needs that apply to your child, including medication and specific condition for which it is needed:

My Insurance Company: _____

Policy Number: _____

Insurance Company Phone Number: _____

Conduct Code

In the event of any disciplinary problem or inappropriate conduct, I understand and agree that LCC Staff will have and I do hereby grant LCC Staff the authority to resolve the problem or conduct in whatever manner it deems necessary or appropriate in its sole discretion. In an extreme or unresolvable case, I understand and agree that LC Staff will make reasonable efforts to notify me and my child may be sent home immediately at my expense.

RELEASE AND INDEMNITY

IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN EVENTS, CLUBS AND ACTIVITIES SPONSORED BY LCC, I HEREBY RELEASE AND INDEMNIFY LCC, AND ALL OF ITS OFFICIALS, EMPLOYEES, STAFF, REPRESENTATIVES, AGENTS AND VOLUNTEERS FROM ANY AND ALL LIABILITY, INJURIES, CLAIMS, ACTIONS, DAMAGES, EXPENSES, LOSSES, AND COSTS, INCLUDING ATTORNEYS FEES, RELATED TO, ARISING OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN SUCH EVENTS, CLUBS AND ACTIVITIES AND ANY RELATED MEDICAL TREATMENT. THIS FORM IS VALID FOR ONE YEAR FROM THE DATE IT IS SIGNED UNLESS SOONER TERMINATED BY ME IN A WRITING DELIVERED TO LCC; PROVIDED, HOWEVER, IN ANY EVENT THE RELEASE AND INDEMNITY PROVISIONS HEREOF SHALL SURVIVE ANY SUCH TERMINATION OR EXPIRATION.

Parent/Guardian Signature: _____ Other Emergency Contact: _____

Home Phone: _____ Name: _____

Good Through: _____ (For Office Use Only)

Work Phone: _____ Phone Number: _____

Cell Phone: _____

Date Signed: _____