



Registration Form

(One Per Child)

We ask that if you register your child/-ren you volunteer at least once a session in your child's classroom.

CHILD INFO:

First Name: _____ Last Name: _____ Gender: _____

Age: _____ Date of Birth: _____ School Grade (entering this fall): _____

AWANA Club (Please Check One):



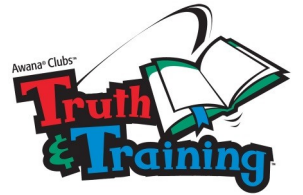
(Age 2)



(Ages 3 & 4)



(Grades K-2)



(Grades 3-5)

PARENT/GUARDIAN INFO:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone—PRIMARY: (_____) _____ SECONDARY: (_____) _____

Home Church: _____

Persons other than a parent who can pick up child or who can be contacted in case of emergency, if parent cannot be reached:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Allergies/Necessary Info: _____

LIFE COVENANT CHURCH CHILDREN'S MINISTRIES

Please complete this form and return to Life Covenant Church. This will be used for children's activities from September 1, 2017 through August 31, 2018. If your family has changes that would affect this information throughout the year, please contact the church office (442-6813) for a new form.

Youth Name(s) _____

Person to notify in emergency: _____ Telephone _____

Doctor to notify in emergency: _____ Telephone _____

Recognizing the possibility of physical injury associated with being involved in Life Covenant Church children's ministry activities, I hereby release, discharge and/or otherwise indemnify Life Covenant Church and any other volunteers involved against any claim by, or on behalf of, the participant as a result of the youth's participation in any children's activities that I hereby authorize.

Please list any medical problems and/or restrictions that your child is experiencing presently:

Please list any allergies: _____

Name _____

Parent/Legal Guardian (please print)

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named person, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name of Parent or Guardian _____ Signature _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Insurance (*fill in applicable spaces*):

Company: _____

Policy/Certificate #: _____ Group #: _____

MEDIA RELEASE

By signing this form, I give my permission for my child(ren) to be videotaped, photographed, or digitally imaged for promotional purposes for the Life Covenant Church's children's activities and that the images taken will not be used for any other purposes.

(Parent's Signature)