



### Awana Enrollment Form

Please **print** and return completed form to the church to register for Awana. *Registration Fee is \$20 per child.*

Child's First and Last Name	DOB	M/F	Grade	School	Allergies/Special Needs
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Parent/Guardian**

Name(s): \_\_\_\_\_

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

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

Home Church: \_\_\_\_\_

Contact Person

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact\* - \_\_\_\_\_ Phone: \_\_\_\_\_

\* Emergency Contact During Club Time (other than parents)

Persons (other than parents) authorized to pick up child(ren)

\_\_\_\_\_

**PHOTOGRAPH, AUDIO, AND VIDEO PERMISSIONS**

I give permission for any representative of Pleasantview Baptist Church to take photographs and/or videos of my child and to use and reproduce the photos and/or videos in all forms of media for educational, reporting and other non-profit purposes. I hereby release Pleasantview Baptist Church and its staff, employees, agents, members, and parents from any claims relating to the use and/or reproduction of photographs or videos taken of my child during Awana. I understand that there is no compensation for the use or reproductions of these photos and videos.

**MEDICAL RELEASE**

If my child should become ill or injured during any Awana activity I understand that Pleasantview Baptist Church will immediately contact me or the designated emergency contact person. If illness or injury is deemed a medical emergency by Pleasantview Baptist Church or Awana personnel, I authorize Pleasantview Baptist Church to first call 911 and then contact me or the designated emergency contact person. If Pleasantview Baptist Church is unable to reach me or the emergency contact person, they are authorized to arrange immediate emergency treatment for my child. In such instance I freely and voluntarily accept full responsibility for payment of any and all medical services rendered and costs incurred on behalf of my child. I further consent to the administration of first aid necessitated by illness or injury resulting from my child's participation in Awana.

**I have read all the information on this form and voluntarily give permission for my child to attend and participate in all Awana activities held at and sponsored by Pleasantview Baptist Church. By signing below, I grant consent to all permissions on this form.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_