



**Landover Hills Baptist Church**  
 4420 73<sup>rd</sup> Ave, Landover Hills MD 20784  
 Office 301-577-6700 www.lhbcmd.org

## Registration Form

### Parent / Guardian's information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Church Membership \_\_\_\_\_

Name of other person authorized to pick-up children \_\_\_\_\_

Children's Information							
Child's First & Last Name	Date of Birth	Gender	Grade	Cubbies 4 & 5 yrs	Sparks K - 2nd	TNT 3rd - 6 <sup>th</sup>	Trek/Journey 7th - 12th

### Release of Liability, Photo Release, Consent to Medical Treatment and Contact

- 1. Release of liability:** I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue Landover Hills Baptist Church, and its officers, director, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that my otherwise occur from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules and regulations, or the negligence of other persons.
- 2. Photo Release:** I give permission for my child's photo, which may be taken during Awana to appear on the church website www.lhbcmd.org or be used for publicity or display purposes.
- 3. Consent to Medical Treatment.** In the event my child becomes ill or injured, I give permission for a representative of Landover Hills Baptist Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child.
- 4. Awana Contact Permission Authorization:** Occasionally your child's Club leaders would like to contact you and your child to see how they are enjoying club, and if they need any help in completing their handbooks. By signing below you are giving your child's leader written permission as the legal parent/guardian to contact you and your child, by written communication and by telephone to discuss club activities.

\_\_\_\_\_  
 Name of Parent / Legal Guardian

\_\_\_\_\_  
 Date