

AWANA REGISTRATION
2009-2010
Grace Community Church East Valley
GCCEV

Child's Name: _____

Age: _____ DOB: _____ / _____ / _____ Grade: _____

Address: _____ City _____ ST _____ Zip _____

Home Phone: _____ Email _____

Parent/Guardian _____ Relationship to child _____

Cell Number: _____

Parent/Guardian _____ Relationship to child _____

Cell Number: _____

In Case of Emergency notify _____ Phone# _____

Cell# _____

My child will be picked up by: _____

CURRENT MEDICAL SITUATION

Allergies: Food _____

Penicillin or other drug (Name) _____

Pertinent Information _____

Other _____

Current Medications: _____

Do You Have A Home Church? YES NO If yes, where _____

How Did You Hear of AWANA at Grace? _____

WOULD YOU BE WILLING TO SERVE IN ONE OR MORE OF THE FOLLOWING AREAS?

Listener Storytime Special music Devotional Special Event Snacks Substitute

PARENTAL CONSENT AND AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/We, the undersigned, parent(s) or legal guardian of the minor listed:

Child Full Name _____ do he rebey give permission for our/my child to ride in any vehicle driven by an approved licensed adult chaperone while attending and participating in activities sponsored by GCCEV. Our/My child and I understand that without exception, seat belts shall be worn at all times. I/We do also allow GCCEV to take and/or use photographs or videos which may be used on GCCEV website or for promo ads. I/We understand that said minor should not attend activities when knowingly ill or recently exposed to a contagious disease. If said minor becomes ill or injured while in the care or under the supervision of GCCEV, any of its staff or volunteers, I authorize said minor to receive first aid and other emergency care. I do hereby authorize a ny x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and or hospital service that may be rendered to said minor under the general, specific or special consent of the GCCEV staff or volunteer, the temporary custodian of said minor. I/We authorize the physician or dentist to call in any necessary consultant at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of said minor, and said physician or dentist, to exercise his/her best judgment as to the requirements of such diagnosis or the medical, dental or surgical treatment. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered.

I have read the Parental Consent & Authorization for Emergency Care & give my consent for my child.

Parent/Guardian (Print) _____ Date _____

Parent/Guardian (Signature) _____ Emergency Phone# _____