Lolo Community Church – AWANA Registration Form

1. Child's Name: _____Birth Date:___/____/___Grade:_____
Any medical problems and/or allergies/ restrictions that your child is experiencing presently:

_____

2. Child's Name: _____Birth Date: ____/_____/____Grade:_____
Any medical problems and/or allergies/ restrictions that your child is experiencing presently:

_____

3. Child's Name: _____Birth Date: ____/_____/____Grade:_____
Any medical problems and/or allergies/ restrictions that your child is experiencing presently:

_____

Names of Parent or Guardian:_____

_____

Mailing Address:_____

City: _____ State:_____ Zip:_____

Physical Address (if different from above): _____

Best Phone: _____ Alternate Phone:_____

Alternative Phone: _____Home Church_____

Email:_____

Emergency contacts other than parents or guardians:

1.Name:_____Relationship:_____

Phone:_____

2. Name: _____Relationship:_____

Phone:_____

OVER--------->

Lolo Community Church Releases

Medical Release:

I give my permission for the Awana & Lolo Community Church staff to administer basic first aid to my child in the event of an injury. I understand that the Awana/LCC staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release:

I hereby grant the above named church permission to copyright and use photographs/videos taken at Awana/LCC of the minor designated below in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. NO_____

Permission to Contact:

I, the undersigned, give permission for any Awana/Lolo Community Church members to contact my child by written communications or phone calls to discuss club and Church activities. Praying with child and prayer request. (Including birthday card, Christmas card and letters of encouragement, etc..)
NO_____

Permission to Attend:

I give permission for my child to attend Awana/LCC. I understand that the information I give for this registration will only be used by the Awana hosting church.

Your signature is acceptance of the terms of the releases.

Print Child's Full Name_____Birthdate_____

Parents Signature_____ Date_____

Print Child's Full Name_____Birthdate_____

Parents Signature_____Date_____

Print Child's Full Name_____Birthdate_____

Parents Signature_____Date_____

^^^^^Printed Name of Signer_____

Best Phone_____

Alternative Phone_____

Lolo Community Church Van Releases

Transportation Release:

I give permission for my child to ride in either a Lolo Community Church Van or Bus, to and from the church and our specific drop off/pick up location during any given AWANA night or any Lolo Community Church related outings (including Church & Sunday School).

Medical Release:

I give my permission for the Awana & Lolo Community Church staff to administer basic first aid to my child in the event of an injury. I understand that the Awana/LCC staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Pick up location:_____

Drop off location:_____

Your signature is acceptance of the terms of the releases.

Print Child's Full Name_____Birthdate_____

Parnets Signature_____Date_____

Print Child's Full Name_____Birthdate_____

Parents Signature_____Date_____

Print Child's Full Name_____Birthdate_____

Parents Signature_____Date_____

^^^^Printed Name of Signer_____

Physical Address (if different from Drop off and Pick up):

_____

Best Phone: _____

Alternative Phone_____