



2017-2018 CORNERSTONE CHRISTIAN CHURCH AWANA REGISTRATION FORM

Please print all information, except signature.

Clubber's Name: _____ Birth Date: _____ Age: ____ Grade: ____

Parent/Guardian Names: _____ Home Church: _____

Home Address: _____ City: _____

Home Phone #: _____ E-mail Address: _____

Cell Phone #1: _____ Cell Phone #2: _____

Emergency contact person if parents cannot be reached: _____

Emergency contact's relation to the child: _____ Cell Phone #: _____

Physician's Name/Clinic: _____ Phone #: _____

Health problems, allergies, learning disabilities, or any restrictions in game participation? Yes or No

If yes, explain below: _____

Has your child attended AWANA previously? Circle: Yes or No

If yes, where? _____

Terms and Conditions

I understand that my child may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Cornerstone Christian Church and any persons involved in the AWANA club ministry. In the event of an emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission for Cornerstone Christian to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

I grant permission for a photo of my child to appear among other general club photos as long as there is no identifying information shown. I grant permission for my child to travel to/from AWANA club events with adult leaders. Any such event will be clearly communicated with me beforehand. I have read and agree to the Terms and Conditions stated above.

Signature of Parent/Legal Guardian: _____

Date: _____