



## Faith Chapel AWANA



### Registration Form 2021/2022

(Please fill out one form for each child. Required for all including guests and visitors.)

ClubberName \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

School \_\_\_\_\_

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

Parent/Guardian 1 \_\_\_\_\_

PhoneNumber \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Phone Number \_\_\_\_\_

If I can't be reached at the above numbers, in case of emergency please call:

\_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

Please share any other information that might help us work with your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please check one.)

\_\_\_\_\_ We regularly attend church at \_\_\_\_\_.

\_\_\_\_\_ We regularly attend church at Faith Chapel.

\_\_\_\_\_ We do not regularly attend church.

## **RELEASES**

### **Medical Release:**

As a parent/guardian, I give my permission for the above minor to attend Awana activities including regular club nights and any special activities. I authorize treatment under the direction of any licensed physician of the above minor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted after reasonable effort has been made to reach me by phone. I will not hold the church, or their staff, administration, or workers, liable for any injury to or loss of possessions by the above minor during any activity either on the church property or away, including regular meetings as well as special events.

Initial

\_\_\_\_\_ YES, I give permission as stated above for my child regarding medical care  
\_\_\_\_\_ NO, I do NOT give permission for my child to receive medical care

**Photo Release:**

Photographs are sometimes taken of Awana ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church website, brochures and newsletters.

By signing below, you are granting the church to use photographs of the above mentioned minor(s) as stated.

Initial

\_\_\_\_\_ YES, I give permission as stated above for my child to have their photo taken  
\_\_\_\_\_ NO, I do NOT give permission for my child to be photographed

**Covid-19 Release:**

\* I acknowledge that Faith Chapel and any person serving under Faith Chapel cannot guarantee that I or my child(ren) will not become infected with COVID-19 by attending Awanas. Exposure to COVID-19 is an inherent risk in any public location where people are present. I acknowledge that any procedures put in place by the church will not eliminate the risk of COVID-19 and I accept the risk of the above minor participating in this activity. \* I and my child(ren) will follow and abide by the safety and hygiene protocols that have been implemented by Faith Chapel in regards to the Awana program. \*I hereby release, discharge and agree to indemnify and hold Faith Chapel harmless from, and waive on behalf of myself and my child(ren), any and all causes of action, claims, demands, damage, costs, expenses and compensation or loss to myself that may be caused by COVID-19. I discharge Faith Chapel from any liability or claim with respect to COVID-19 that may arise from or in connection with my child's/children's attendance and participation whether a COVID-19 infection occurs before, during, or after participation in Faith Chapel Awana's program or event. This liability waiver and release extends to Congregation, affiliates, employees, volunteers and members. \* By signing below, you and on behalf of your minor child(ren) agree to abide by Faith Chapel's Awana COVID-19 protocols & the Assumption of Risk, Waiver of Liability & Covid-19 Policies Agreement.

initial \_\_\_\_\_ YES, I consent to the above

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*Parent/Guardian Signature*

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*Date*

