

Word of Life Chapel

2016-2017 AWANA Registration Form

*Please list all children in the household who attend AWANA

Name _____ Age _____ Grade _____ Birthdate _____

Name _____ Age _____ Grade _____ Birthdate _____

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Address _____

Name of Parent or Guardian(s) _____

Home Phone _____ Cell Phone(s) _____ Email _____

Other emergency contact: _____ Phone _____ Relationship _____

Allergies/Special Needs (specify name if there are multiple children): _____

Person(s) who child(ren) may be released: _____

*Note: If a person's name is not on this list, our staff WILL NOT permit your child to leave with him or her without phone consent.

"I agree to allow my child/children to attend AWANA Clubs at Word of Life Chapel, including other AWANA related activities. In signing this form, I agree to assume and accept all risks and hazards inherent in church related social activities. I also agree not to hold this church, its employees, or volunteer leaders liable for damages, losses, or injuries to my child/children. I am signing for the minor(s) registered above and understand that my signature is for both medical and liability release. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the church leadership to secure proper treatment for my son or daughter as deemed necessary."

Name _____ Signature _____ Date _____

Photo Release Form

"I grant to Word of Life Chapel, its representatives, employees, volunteers and all associated with Word of Life Chapel, the right to take photographs of my child in connection with Word of Life Chapel's AWANA program. I authorize Word of Life Chapel, its assigns and transferees to copywrite to use, and publish the same in print/ or electronically.

I agree that WOLC may use such photographs with or without my name for any lawful purpose, including, for example; such purposes as publicity, advertising, and web content. My signature below represents that I have read and understand the above."

Parent Signature of **Acceptance**: _____ Date _____

Parent Signature of **Decline**: _____ Date _____