CrossPoint Church

AWANA Registration Form

(Medical & Media Release)

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: Zip:\_ \_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: Grade:

Parent(s) / Guardian(s)

Name(s): Cell: ( ) Email:

Name(s): Cell: (\_\_) Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship to Child:

Home Phone: ( ) Cell Phone: ( )

Allergies to Drugs, Foods, Plants, other:

Home Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Brought By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hearby give permission for CrossPoint Church AWANA to secure emergency medical treatment for the above minor, when a parent/guardian cannot be contacted. I also give permission for photos that include my child to be used solely for CrossPoint purposes. [Please note that NO names will be identified on photos!]

Parent/Guardian Signature Date