

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: _____

_____ Cell: (____) _____ Email: _____

Secondary Emergency Contact

Name: _____ Relationship to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Allergies to Drugs, Foods, Plants, other: _____

Home Church: _____ Brought By: _____

I hereby give permission for CrossPoint Church AWANA to secure emergency medical and/or emergency surgical 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