

**AWANA/CUBBIES CLUBS
REGISTRATION FORM
2018-2019**

Child's Name: _____ DOB: _____ Age: _____ Grade: _____

Parents' Names: _____

Address: _____
Street City Zip

Phone: (Home) _____ (Work) _____ (Cell) _____

Email address: _____

Child lives with: Both Parents Mom Only Dad Only Other

Which school does your child attend? _____

Which church, if any, do you attend? _____

Any Special Needs: _____

Is there anything we should know about your child that would help us minister to them more effectively? _____

Registration Fee \$20.00 Cash Check No. _____

HEALTH INSURANCE CARRIER _____

INSURANCE # _____

DOCTOR _____

Name City Phone

ALLERGIES _____ DATE OF LAST TETANUS SHOT _____

MEDICATION _____

IMPORTANT INFORMATION OR INSTRUCTIONS _____

Parental Assistance

As my schedule allows, I would be willing to volunteer this year to assist in the Awana/Cubbies Club program in the following ways (check appropriate boxes): Club Helper for:

- | | |
|--|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Bible verse memorization |
| <input type="checkbox"/> Games | <input type="checkbox"/> Transportation/chaperone |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sharing a hobby or job |
| <input type="checkbox"/> Story telling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Puppetry | |

Please read & sign the back

PARENT PERMISSION-RELEASE FORM

Authorization to consent to treatment of minor:

I, the undersigned parent of _____, a minor, do hereby grant permission for my child to participate in the activities of BRCC Awana/Cubbies Clubs. In case of emergency, I also authorize leaders of these programs appointed by Black Rock Congregational Church of Fairfield, CT as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed physician or surgeon whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Authorization for program involvement: I authorize my child to participate fully in program activities, both on and off church grounds.

You have my permission to use my child's picture in promotional materials including flyers and web page, etc.

"In consideration of my child's participation in the activities of BRCCAwana/Cubbies Clubs, I hereby release and forever discharge BRCC Awana/Cubbies Clubs, its leaders, Black Rock Congregational Church, its leaders, employees and officers, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which may hereafter be sustained by my child."

This authorization shall remain effective through September 1, 2019, unless sooner revoked in writing delivered to said agent(s).

DATE _____ PARENT or LEGAL GUARDIAN _____
Signature

OVER PLEASE