



Yosemite Lakes Community Church
2010-2011
Registration

Parent/Guardian's Name _____

Home Address: _____

Mailing Address (if different) _____

Home Phone _____ Cell phone _____ Other _____

Family Church _____ Email: _____

Child's Name _____ DOB _____ Grade _____ M/F

Child's Name _____ DOB _____ Grade _____ M/F

Child's Name _____ DOB _____ Grade _____ M/F

Child's Name _____ DOB _____ Grade _____ M/F

Child's Name _____ DOB _____ Grade _____ M/F

Child's Name _____ DOB _____ Grade _____ M/F

Please Circle

Can you serve as a volunteer? Weekly Every other week Monthly For special events

Note: All YLCC Awana Club Leaders and Listeners must submit to a background check when working with children.

Emergency Information

In the case of an emergency and the parent or guardian cannot be reached during Club time.

Name: _____ Relation to child: _____

Address: _____ Phone: _____

Pictures: Can we use your child's picture in club photos, videos and church web site (child's name will not be included)? Y/N

Medical Release Form:

Insurance Carrier: _____ Policy Number _____

Are there any special medical conditions or medications your children are taking that would affect his or her ability to participate in any portion of our Awana Clubs? Allergies _____

Please specify: _____

I hereby release Yosemite Lakes Community Church and the above mentioned Awana Club and/or Awana Club volunteers from liability in case of injury or illness to the above named children. The above named children have my permission to participate in the activities in the above named Awana Club program. In the event that I/we cannot be reached in the event of an emergency, I give my permission for necessary medical care, to secure proper treatment and to order injections, anesthesia or surgery for the above named children. I understand that all billing for services not billed to my insurance carrier will be billed to me as the parent/guardian.

Signature of Parent/Guardian _____ Date _____