The Church On The Way
SANTA CLARITA

AWANA Registration

Child's Name:_____ Parent's Name:_____

Street Address:_____City:_____ Zip :_____

Dad Cell: _____ Mom Cell:_____

Home Phone: _____ Other Phone: _____

Email:_____

Child's DOB:_____ Grade this year:____

Those authorized to pick up your child:

Name:_____ Phone:_____

Name:_____ Phone:_____

Please list any allergies your child may have: _____

By signing this, I agree to allow my child to participate in the Awana program at The Church on The Way Santa Clarita (TCOTWSC). I give permission for my child to be photographed while in this program to be used by the church for the purpose of awards, recognition, promotion, and remembrance purposes.

I also give consent to TCOTWSC to contact myself or my child through written, phone, or email notification. This form may be photocopied and is valid as long as my child participates in the Awana program at TCOTWSC.

Print name:_____

Signed:_____ Date:_____

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The Church On The Way Santa Clarita EMERGENCY MEDICAL RELEASE FORM

Authorization For Treatment: I hereby give permission to the medical personnel selected by TCOTWSC to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by TCOTWSC to secure and administer treatment, including hospitalization, ambulance transport and paramedics for the person named above. I hereby agree to fully pay all cost of medical or dental care incurred by TCOTWSC or their agent for the child under this authorization. This form may be photocopied. This form is valid for as long as my child participates in the program at TCOTWSC.

Known medical conditions, allergies, drug allergies: _____

Parent/Legal Guardian Signature: _____ Date:_____