

# Awana Ministry Registration

## 2017-2018

Child's Name	M/F	Age	Birthdate	Grade
1.				
2.				
3.				
4.				

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent email address: \_\_\_\_\_

What is your church home? \_\_\_\_\_ We attend:  Weekly  Monthly  Other

Would you like more information about Saint John UMC?  Yes  No

Allergies/Special concerns: \_\_\_\_\_

Individuals, other than parents, authorized to pick up your child. \_\_\_\_\_

Anyone NOT authorized to pick up your child? \_\_\_\_\_

May your child be photographed?  Yes  No

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE NOTE: One parent in each Awana family is required to serve as a listener for at least TWO nights during the Awana year (or two parents can each serve once). Sign-ups will be available during Awana drop-off. Please be sure to sign up during one of the first meetings to get your choice of dates.**

### Awana Mission Project: Backpack Buddies

In an effort to ensure our community's children have enough to eat, Dare to Care through the Backpack Buddies program provides backpacks full of kid-friendly, nutritious food each Friday to children at risk of hunger in Oldham County. The program serves children who live in insecure homes and are likely to experience hunger on the weekend when free and reduced-price breakfasts and lunches are not available.

Would you like to donate \$10 for Backpack Buddies?

Amount: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SIGN AND DATE REVERSE SIDE OF THIS FORM**

**RELEASE, HOLD HARMLESS AND INDEMNITY**

I, the undersigned, as parent or legal court appointed guardian of:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

a minor(s) under the age of eighteen (18), ("Minor"), with full authority to act of behalf of each Minor, do hereby agree and give my consent to the Minor participating in the Programs and Activities at Saint John United Methodist Church. I, on my own behalf of Minor, acknowledge that participating in the Programs and Activities involve certain risks and that injuries, death, or other harm (including damage to Minor's property) could occur to Minor ("Injuries"). By allowing Minor to participate in the Programs and Activities, I, on my own behalf and on behalf of Minor hereby assume full responsibility of the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of Minor, and our heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Saint John United Methodist Church of Prospect, Kentucky, and it's staff, volunteer leaders, members, employees, administrative council members, Ministry and Church Leadership from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney's fees) for Injuries arising out of or connected with the Programs and Activities, including traveling to and from the Programs and Activities.

**MEDICAL CONSENT AND AUTHORIZATION**

If, while participating in the Programs and Activities, Minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered to Minor as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to Saint John United Methodist Church to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of Minor, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs.

I assume full responsibility for all medical expenses incurred as a result of such emergency treatment

Parent/Guardian Signature:

Witness:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

Printed Name:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_