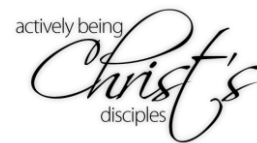




High River Baptist Church AWANA Registration Form



2023-2024

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Parent/Guardian & Household Information

Parent/Guardian #1 Cell Phone
First Last

Parent/Guardian #2 Cell Phone
First Last

Emergency Contact
(Additional to above) *Name Phone*

Authorized Person for Child Pickup
(Additional to above) *Name Phone*

Email Address(es) to receive AWANA updates

Mailing Address
Address City, Province Postal Code

Home Church (if applicable)

Clubber Registration

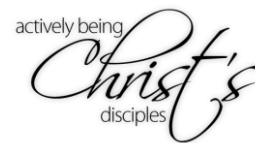
Child's Full Name (First and Last)	M/F	Birthday (MM/DD/YY)	Grade	Medical Conditions (Food/Other Allergies, Learning or Behavioural Concerns, Health Issues, Medication)

*AWANA Fees: \$40 per child for the first two registrations per family, \$20 per child thereafter.

Information collected and retained is confidential. If you wish to limit the collection of information or view your child's information, please contact the church office.



High River Baptist Church AWANA Registration Form



Permission Form 2023-2024

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Participation, Medical Treatment, Information Collection, and Liability Waiver

I, the parent or legal guardian, give permission for my child(ren) to attend and participate in activities at High River Baptist Church, to have their attendance recorded for church ministry purposes, and to receive medical treatment if necessary in the event I cannot be reached. I give permission to the staff to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child(ren)'s well-being. I also release and agree to hold harmless High River Baptist Church and all its participants from any and all liability. I assume all risk of injury, damage, or expense as the result of participation in the activities at High River Baptist Church.

☐ Yes, I, the parent/guardian, have read the above *Participation, Medical Treatment, Information Collection, and Liability Waiver* and agree to it, giving my child(ren) permission to participate.

Permission for Use of Photos of Your Child(ren)

I, the parent or legal guardian, give permission for High River Baptist Church to use photos of my child(ren) taken while participating in activities at High River Baptist Church in its publications including the church's website, social media, video screens, in classrooms, or on bulletin boards. No identifying information will be posted.

☐ Yes, I, the parent or legal guardian, have read the above *Permission for Use of Photos of Your Child(ren)* and give permission to use photos of my child(ren).

☐ No, I, the parent or legal guardian, do not give permission to use photos of my child(ren).

Signature of Parent/Guardian

Print Name

Signature

Date

Information collected and retained is confidential. If you wish to limit the collection of information or view your child's information, please contact the church office.