

AWANA REGISTRATION & RELEASE FORM



3888 LONDON LINE, PO BOX 520, WYOMING, ON. NON ITO

PHONE: 519-845-3386

EMAIL: PEOPLES@PEOPLESLAMBTON.COM

Please note that any interaction with the general public poses an elevated risk of being exposed to illness, and we cannot guarantee that you will not be exposed while in attendance at AWANA. Please keep your children home when they are not feeling well.

As a parent and/or guardian, or accompanying adult, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following child(ren) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

In the case of a minor, this authority is granted only after a reasonable effort has been made to reach the parent and/or guardian.

This release will be in effect for the school year beginning this September and continue through the end of April the following year. My signature also serves to indicate my willingness to take full medical insurance responsibility for my child(ren), or for myself if I am an accompanying adult, and to release Awana Clubs International, Peoples Church, and its volunteers and leaders from any liability.

Last Name	First Name	Date of Birth	List any allergies, medical conditions, chronic illnesses including food allergies, and limitations on activities.	Annual Dues \$30	Uniform \$10	Book \$5	Cub Car \$3 (Sparks & T&T only)	TOTAL
				\$	\$	\$	\$	\$
				Free Dues				
				Free Dues				
	,	1	1	1	1	GI	RAND TOTAL	\$

In case of cancelation	, the church office will post	a note on the Peoples	Church website at <u>w</u>	ww.peopleslambton.com,	so please check the
website, especially in	cases of inclement weath	ner. Decisions to cance	el are usually made ir	n the afternoon and then pos	ted.

As a	parent or legal	l guardian o	of the child(ren)	named above,	I commit to	the following:
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☐ If my child is not behaving, I will receive a call and promptly pick up my child.	
☐ I will choose an emergency contact who is generally available.	
☐ I, or a designated individual who is 16 years of age or older, will check in my child each night (no drop-offs at the do	or).

→ CONTINUED
ON REVERSE

Names of Parents/Legal Guardians:					
Address:	City:	PC:			
Mom/Guardian 1 Cell Phone:	Dad/Guardian 2 Cell Phone:				
Email Address (to contact you in case of cancelation or to share	important information):				
Name & Relationship of Emergency Contact:		Phone:			
Signature of Parent/Legal Guardian:	D	ate:			
 Cash Cheque made out to Peoples Church E-transfer to 6b4m-peoplesinteract@usa.net CHECK-IN and CHECK-OUT All kids must be checked-in on arrival and checked-in paper. Only parents/guardians or trusted person 	cked-out when picked up. This car	n be done on the Church Center app or on			
FOR AWANA LEADER USE ONLY: Comments/Report of Injury/	Action taken & to whom reported:				