Awana & 24-7 Ministries

2011 - 2012 - FAMILY REGISTRATION & MEDICAL RELEASE FORM

Arapaho Road Baptist Church 2256 Arapaho Road - Garland, TX 75044

STUDENT'S INFORMATION **- Please Print -**

Student's Name [First, Last]	DOB	Gender	Grade	Club	Allergies	Parent's Signature for Medical Release	Today's Date
1.							
2.							
3.							
4.							
5.							

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s)	Home & Cell Numbers	E-Mail Address

Home Address	City	State	Zip

Home Church: _____ Are you currently looking for a home church? __**Yes** __**No**

If this is your first year in Awana or 24-7 Ministries at ARBC, what church did you previously attend Awana? _____

ACCOUNT SHEET: [AWANA OFFICE USE - ONLY]

Student's First Name	Date	Cash/Check #	Amt PD

Emergency Contact Information: [Name & Relationship] _____ Phone # _____

1. I, [Parent's Name], _____ understand that the above name students may participate in physical activities such as those held during Game Time. I understand that with any physical activity, there is a risk of injury. I fully accept this risk and do not hold any legal liability to: Arapaho Road Baptist Church, [2256 Arapaho Road, Garland, TX 75044] and/or any persons involved in Awana Clubs International, and/or the Awana and 24-7 Ministries Programs of Arapaho Road Baptist Church.

2. In the event of an emergency that requires medical treatment for the above named student(s), I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to an Awana Leader/Parent to secure the services of a licensed physician/or qualified medical/emergency professional to provide the necessary care for my student(s) well being. I assume full responsibility for all costs connected to any accident or treatment of my child.

3. I grant permission for my child to travel to/from any/all Awana or 24-7 Ministries events with an adult leader/parent. Any such event will be clearly communicated with me beforehand.

NOTARY INFORMATION: _____ personally appeared before me, a notary public, to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of this _____ day of _____, _____ [year].

NOTARY SEAL:

Notary Public Signature: _____ **My Commission expires on:** _____