

Noelridge Park Church

AWANA 2024-2025 Registration Form

Parent(s) or Guardian Name(s): _____ Home Phone #: _____

Address: _____ City: _____ ZIP: _____

Mother's cell #: _____ Father's cell #: _____

E-mail(s): _____

Invited to AWANA by: _____ Church (if any): _____

Emergency contact **Name:** _____ **phone #:** _____

Who will transport your child/children: _____

List individuals authorized to pick up your child/children: _____

(Noelridge Park Church 2024-2025 AWANA leaders/volunteers **will not** release your child/children to anyone **whose name isn't** listed in this form)

CHILD/CHILDREN'S INFORMATION

Name: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (Preschool): _____ Sparks (grades K-2nd): _____ TNT (grades 3-5): _____

Medical conditions or allergies that we need to know: _____

Name: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (Preschool): _____ Sparks (grades K-2nd): _____ TNT (grades 3-5): _____

Medical conditions or allergies that we need to know: _____

Name: _____ Birthday: _____ Age: _____ Grade: _____

Cubbies (Preschool): _____ Sparks (grades K-2nd): _____ TNT (grades 3-5): _____

Medical conditions or allergies that we need to know: _____

Terms and Conditions

1. I understand that my child/children may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability Noelridge Park Church and any persons involved in the Noelridge Park Church 2024-2025 AWANA Club Ministry.
2. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Noelridge Park Church AWANA 2024-2025 volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for a photo of my child to appear on Noelridge Park Church's Website/AWANA Page. I also give permission for photo(s) of my child to appear among other general AWANA photos as long as there is no identifying information shown:
() YES () NO
4. I grant permission for my child/children to travel to/from AWANA with an adult leader if my child/children need (s) a ride to/from Noelridge Park Church Facilities. Any such event will be clearly communicated with me beforehand.
5. I understand that Noelridge Park Church 2024-2025 AWANA leaders/volunteers **will not** release my child/children to anyone **whose name isn't** listed in this form.

I have read and agree to the Terms and Conditions stated above.

Parent/Guardian's name (Print): _____ SIGNATURE : _____ DATE: _____