



# 2009 AWANA Registration Form

Dues Paid (office only): \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male Female  
(First and Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent's Information:

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Is your child new to AWANA? Yes No Home Church: \_\_\_\_\_

In the case of an emergency and a parent cannot be reached contact:

Name	Phone #	Relationship

Individuals authorized to pick-up your child from AWANA:

Name	Phone #	Relationship

### Medical Information:

Allergies to food and/or medication? Yes No If yes, please list: \_\_\_\_\_

Medical conditions? \_\_\_\_\_

Currently taking medication? Yes No If yes, please list: \_\_\_\_\_

Current on all vaccinations? Yes No Date of last Tetanus shot: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Member #: \_\_\_\_\_

# Trinity Bible Church - ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity, Event or Program: **AWANA**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity, event, or program.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event or program in which I may participate, and that it will govern my actions and responsibilities at said activity or event or program

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, Trinity Bible Church (TBC) and/or their elders, deacons, deaconesses, directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event or program, whether caused by the negligence of release or otherwise. I acknowledge that TBC and their elders, deacons, deaconesses, staff, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity or program on behalf of TBC.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity, event, or program

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Print Participant's Name	Age	Signature	Date
(if under 18 years old, Parent or guardian must also sign)			

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old) - The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event or program, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____	_____
Print Participant's Name	Age	Parent/guardian Signature	Date