



Community Christian Fellowship  
 15704 Hwy 110 N.  
 Garden Valley (Lindale), TX 75771  
 903-882-8501  
 www.ccflindale.org

## REGISTRATION FORM

### PARENT/GUARDIAN'S INFORMATION

\_\_\_\_\_

Name

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Address

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Emergency Contact Phone

\_\_\_\_\_

Name of other person authorized to pick up child(ren)

\_\_\_\_\_

Email

Where will you usually be located while your children are at Awana, i.e. life group, church volunteer, home?

### CHILDREN'S INFORMATION

Child's First & Last Name	DOB	Age	Grade	Gender	**\$20 Reg. Fee Per Child \$60 max per family
1.					
2.					
3.					
4.					
5.					

*\*\*Handbook and uniform cost \$25 per child and are purchased 2 – 3 weeks into the program. See Awana secretary for*

### details. MEDICAL & ALLERGY INFORMATION

Child's Name	Current Immunization	Allergies	Medications
1.	or		
2.	or		
3.	or		
4.			
5.	or		

### RELEASE OF LIABILITY, PHOTO RELEASE AND CONSENT TO MEDICAL TREATMENT

- RELEASE OF LIABILITY:** I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue Community Christian Fellowship, and its officers, directors, employees, agents, volunteers, heirs and assigns from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise occur from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.
- PHOTO RELEASE:** I give permission for my child to appear in a photo or video, which may be taken during Awana to appear on Community Christian Fellowship's website (www.ccflindale.org) or be used for publicity or display purposes. Note: no private information will be disclosed publicly.
- CONSENT TO MEDICAL TREATMENT:** In the event my child becomes ill or injured, I give permission for a representative of Community Christian Fellowship to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date