



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

REGISTRATION FORM (PLEASE PRINT CLEARLY)

PARENT/GUARDIAN'S INFORMATION

Name	Home Phone
Address	Cell Phone
City	Emergency Contact Phone
State	
Zip	
Name(s) of parent(s) authorized to pick up child(ren)	Email
Name(s) of ALL others authorized to pick up child(ren)	

CHILDREN'S INFORMATION

Child's First & Last Name	DOB	Age	Grade	Gender	Notes
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.			
2.			
3.			
4.			
5.			

RELEASE OF LIABILITY, PHOTO RELEASE AND CONSENT TO MEDICAL TREATMENT

1. **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.
2. **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.
3. **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.
4. **I AGREE TO FOLLOW:** I agree to follow all health protocols set by CCF for AWANA.

Parent/Guardian Signature _____ Date _____ **-or- Return to CCF**