



Registration Form

2021 - 2022

Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone # _____ Grade Level _____ Birth Date _____

Parent/Guardian _____

Alternate Contact: _____ Phone # _____

Alternate Contact: _____ Phone # _____

Brought By (Clubber Name) _____

PARENT PERMISSION

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection , anesthesia, or surgery for my child as deemed necessary. I understand that all reasonable safety precautions will be taken at all times by Lighthouse Bible Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Lighthouse Bible Baptist Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form. Your signature on this form permits Lighthouse Bible Baptist Church to videotape and/or photograph your child for use on the church's website, published documents, and/or any other promotions sponsored by Lighthouse Bible Baptist Church.

SIGNED _____ DATED _____
Parent/Guardian

CODE OF CONDUCT

Clubbers are expected to cooperate with all staff at all times, and to participate in all scheduled activities. Possession and/or use of alcoholic beverages and/or any type of drugs including tobacco of any kind is strictly prohibited. Failure to remain within these guidelines will be communicated to the parent/guardian and the Clubber may be asked not to return to this Awana Program. We have read the code of conduct and agree to abide by it.

SIGNED _____ DATED _____
Parent/Guardian

MEDICAL HISTORY

- Any pre-existing or present medical conditions? YES / NO (If yes, please explain on back of sheet)
Are you currently taking medication? YES / NO (If yes, list NAME and DOSAGE on back)
Any general allergies or medication allergies? YES / NO (If yes, explain on back of sheet)

Insurance Company _____ Policy # _____

Primary Care Physician _____ Phone # _____