



A ministry of Lighthouse Bible Baptist Church (LBBC)

48 S Estate Dr, Webster, NY 14580 (585) 545-4025

REGISTRATION FORM / CODE OF CONDUCT / EMERGENCY INFORMATION

Clubbers are expected to always cooperate with all staff, and to participate in all scheduled activities. Possession and/or use of alcoholic beverages 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 the Awana Club. We have read the code of conduct and agree to abide by it.

PLEASE PRINT

Name of Clubber: _____ Brought by (Clubber's Name) _____

Years in Awana: _____ Uniform Size: N/A XS S M L XL (Circle One) DATE: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Child's Date of Birth: _____ Child's Grade in School: _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your Child require (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:**

Primary contact name: _____ Relationship to Child: _____

Cell Phone #: _____ Work Phone #: _____ E-Mail: _____

Secondary contact name: _____ Relationship to Child: _____

Cell Phone #: _____ Work Phone #: _____ E-Mail: _____

Child's Physician: _____ Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during time at the Awana program. I understand all the reasonable safety precautions will always be taken 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 the form. Your signature on this form permits LBBC to videotape and /or photograph your child for the use on the church's website, published documents, and/or any other promotions sponsored by LBBC.

HEALTH INSURANCE INFORMATION:

Company Name: _____ Policy #: _____ Group #: _____

Parent/Guardian Name: _____ Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____