



**AWANA CLUB REGISTRATION/PERMISSION/WAIVER FORM**  
**(please print)**

Name of Club Member \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date: \_\_\_\_\_ School Grade: \_\_\_\_\_

**List primary adults living at home address:**

Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Family email \_\_\_\_\_

Grade in School \_\_\_\_\_ Birth Date \_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of **Family of God Community Church** is a privilege. Prior to my own/child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child when participating in the activities, whether such risks are known or unknown to me at this time. I further release **Family of God Community Church** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Family of God Community Church** or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **Family of God Community Church** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Special Events and Field Trips**

I understand that the child named above, or I, will be participating in various activities at **Family of God Community Church** and in the regional area. I understand that during this period my child/ward, or I, if I am an adult participant, may take part in activities such as: Religious Studies, discussion groups, music, worship services, group songs, games of skill and experience, drama, walking to outside events at other locales and establishments, and other activities consistent with the purposes of the church's ministry or activity planned (a *separate permission form is required for all Field Trips*).

**Photography**

I authorize **Family of God Community Church** to include myself/child in pictures for promotional purposes of events he/she is participating in. I understand that my child's full name will not be published with the pictures he/she are in.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of fist aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Family of God Community Church** to seek and secure any needed medical attention or treatment for the child name above, or me, if I am a participant, including hospitalization, if in the agent’s opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

**Medical Conditions/Allergies/Special Needs and Information**

(allergies, conditions, dietary needs, medications, behavioral issues, etc. to be aware of):

---

---

---

---

---

---

Date of last Tetanus shot (if known) \_\_\_\_\_

**Emergency Contacts:**

Name of two persons who you authorize to assume medical responsibility for your child in the event you can not be reached, and who are also authorized to pick up your child:

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_



I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of **Family of God Community Church**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **Family of God Community Church**, I hereby consent to the Permission / Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_  
Signature of Parent or Legal Guardian          Print Name of Parent or Legal Guardian          Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian          Print Name of Parent or Legal Guardian          Date

Please return completed and signed permission slip to:

**Family of God Community Church**  
147 First Avenue, Red Lion PA 17356  
Email: [familyofgodcc@comcast.net](mailto:familyofgodcc@comcast.net) • Phone (717) 244-1180