



Date: _____

Parents/Guardians _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ **EMERGENCY PHONE** _____

Home Church _____

Child #1

Name: _____ Assigned to:   

DOB _____ Age _____ Grade _____

Allergies _____

Medical Concerns _____

Invited/came with _____

Child #2

Name: _____ Assigned to:   

DOB _____ Age _____ Grade _____

Allergies _____

Medical Concerns _____

Invited/came with _____

Child #3

Name: _____ Assigned to:   

DOB _____ Age _____ Grade _____

Allergies _____

Medical Concerns _____

Invited/came with _____

Flip 

Liability waiver/medical consent: I hereby release LifePointe Alliance Church and its employees (volunteer and/or paid) from all liabilities that may occur while participating in this program. I give permission for my child to attend the AWANA program, and certify that he/she is in good health, free from communicable illnesses and is able to participate. If I cannot be contacted, and there is a medical and/or surgical emergency, I give permission to the physician/hospital selected by LifePointe Alliance Church leadership to hospitalize and/or secure proper treatment for my child as named above. I understand that if my child becomes ill or injured, my own health insurance coverage (including deductible) applies.

(Parent/Guardian Signature)

(Date)

Photo & Video Waiver: I agree, without compensation, to permit LifePointe Alliance Church to use photographs, video images of my child or artwork of any kind created by my child, for use and benefit of their ministries, publications, and other institutional development and promotional programs. Personal information will not be used nor given to any other church or organization.

(Parent/Guardian Signature)

(Date)

