



## REGISTRATION FORM

Child's Name \_\_\_\_\_ ( ) Male ( ) Female      Age \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Church Your Family Regularly Attends \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Consent & Release

I, the parent or guardian of the above-named child, authorize the participation of my child in the AWANA program (the "Program") of First Baptist Church of Aurora. I understand that this Program is a nonprofit Christian ministry program for children. I understand that the Program is conducted by the Church and its volunteers and staff. I further understand and agree that my child's participation in AWANA games and other activities of the Program necessarily includes the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of leaders. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and AWANA, and all of the Church's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program. I further given consent to the Church to use my child's photo for promotional purposes.

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the Church, its staff and volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**\*\*Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**\*\* Two parents/guardians must sign this form unless (1) it is signed by an individual parent/guardian who is solely responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order OR (2) if a good faith effort has been made to obtain the signature from the other parent/guardian, yet the individual parent/guardian has not been able to do so because of causes beyond the individual parent/guardian's control and there is no awareness of any reason the other parent/guardian objects to the child's participation in AWANA.**