



Cubbies Club Registration (3s - PreK)
2017-2018

Please fill out one form per child and **PRINT CLEARLY**

Office Use Only:
Date: _____
Registration: \$25 Paid _____

Child's Name: _____ Circle One: Male Female

Birth Date: _____ Age by 9/1/17 (circle one): **3 4 5**

Parent/Guardian Name: _____

Phone (1st): _____ Phone (2nd): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Church Mailbox #: _____

Serving in AWANA (location): _____

Relative or Responsible Party not listed above: _____

Phone: _____

Medical Information

Primary Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Allergies/Handicaps/Restrictions: _____

Medications: _____

Media Release

"I understand that at this event or related activities, my child may be photographed. I agree to allow my child's photo, video or film likeness to be used for any legitimate purpose by Grace Community Church."

Yes _____ No _____

I am applying for a scholarship: Yes _____

****Payment due with registration***

Activity Information: Event—AWANA, September 2017 - May 2018 6:30-8pm

Sponsor: Grace Community Church, 1600 S. Anderson Rd., Newton, KS 67114

Participation Agreement, Consent and Release

I, _____, parent or legal guardian of the child named above, acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody and control of Grace Community Church and I am not reasonably available by telephone to give consent.

If dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/ Guardian Signature

Date

We are looking forward to your child being part of AWANA this fall!