

AWANA 2017 Registration Form

(Fill out one form per child)

Clubber's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Email Address: _____

Clubber Age: _____ Clubber Grade: _____ Date of Birth: _____

Emergency Contact Person: _____

(Optional) Does your child have an IEP or 504 plan? Yes / No

- Would you like us to contact you about this? Yes / No

School: _____

Church: _____

Cost: (Make checks payable to Grandview Baptist Church)

****SAVE \$5 per child - if you register on or before August 16, 2017**

- \$30 first child
- \$25 for second child
- \$20 for third child
- FREE 4+ children

Uniform Needed:

If your child needs a new uniform check which size below.



Cubbies Vest

- Small size 4
- Medium size 5
- Large size 6
- X-Large size 8
- XX-Large size 10

**Clubbers Grade
Pre-K**



Sparks Vest

- Small size 6
- Medium size 8
- Large size 10
- X-Large size 12
- XX-Large size 14
- XXX-Large size 16

**Clubbers Grade
K-2nd**



T&T T-shirt

- Youth medium
- Youth large
- Adult small
- Adult medium
- Adult large
- Adult X-large

**Clubbers Grade
3rd 5th**

If a replacment handbook or uniform is needed the cost is \$10 each. If need fill out...

Item received: _____ Date paid: ____/____/____

Item received: _____ Date paid: ____/____/____

Item received: _____ Date paid: ____/____/____

GRANDVIEW BAPTIST CHURCH

RELEASE OF LIABILITY / AUTHORIZATION FOR MEDICAL TREATMENT

(One form per immediate family)

This form covers my child(ren) for all events through August 31, 2018

AFFILIATED WITH: GRANDVIEW BAPTIST CHURCH

ADDRESS: 4316 N. RIPLEY ST., DAVENPORT, IA 52806

PHONE: 563-391-4308

Child(ren)'s Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Parent/Guardian's Work Phone _____

Church that child(ren) attends (if any) _____

HEALTH INSURANCE

Does participant have health insurance coverage? Yes No

If yes, Health Insurance Company _____

Policy Number/Group Number _____

Health Ins. Company's Phone # _____

Insured Under Whose Name _____

Participant's Doctor _____

Participant's Doctor's Phone # _____

Please attach a photocopy of the Medical Insurance Card

Child Name

Age

Birth Date

Grade (Fall 2017)

School

1. _____

2. _____

3. _____

4. _____

5. _____

GRANDVIEW RELEASE OF LIABILITY

I understand that participating in Grandview activities is a privilege. In consideration of that privilege, I am signing this Release of Liability form on behalf of myself and/or my minor child who is participating in Grandview activities.

I understand that by partaking of Grandview activities, my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks, whether such risks are known or unknown to me at this time. I further release Grandview, including its leaders and volunteers from any claim that I, or my child, may have against them as a result of physical injury or illness incurred during participation in Grandview activities.

In consideration of your accepting me or my child for participation in the above named activities, I hereby, for myself and my kids, waive and release any and all rights and claims for damages that I may have against the above named organization and its employees, leaders and volunteers for any and all injuries suffered by myself or my child that arise out of the above names programs, activities, or sports sponsored by Grandview.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event of an emergency where medical treatment is required, I give my permission to GRANDVIEW staff and leaders to obtain the services of available medical personnel. I understand that every effort will be made to contact me before treatment. I release GRANDVIEW and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

Emergency contact:

Name _____ Phone _____ Relationship to participant _____

HEALTH HISTORY

Comments regarding participant's medical history, allergies, drug reactions, etc., which may be needed in the case of any emergency treatment:

Current Medication:

Child's Name

Medication Name

For

Dosage

Child's Name	Medication Name	For	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHOTO/VIDEO RELEASE

I hereby grant permission to Grandview Baptist Church to photograph or video tape my child during church group events and activities and to use the photographs and video in Grandview Baptist Church audio-visual and printed materials without compensation or approval rights. YES _____ NO _____

AUTHORIZATION

I understand and agree with all of the above statements, and have given the correct information to the best of my knowledge. I will contact Grandview Baptist Church immediately if any of the above information should change.

Parent/Guardian's Signature _____ Date _____ Please print name _____

Address _____ City/State/Zip _____

Relationship to Participant (check one): Parent Guardian Self