



Last Name Initial: \_\_\_\_\_  
T-Shirt Size for next May \_\_\_\_\_

## Awana Full-Time Leader Registration Club Year 2018-2019

First/Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Years As Leader: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Need Awana Leader Shirt:    YES        NO

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Spouses First & Last Name: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Web Photo Release – I hereby authorize Grace Community Church to use my child’s photograph and/or likeness on the church’s website, [www.gracekona.org](http://www.gracekona.org) and/or the Awana FB page, now and in the future without further notice or compensation. I understand that my child’s name, address, or any other information about my child will not be used on the sites. This consent may be withdrawn at any time by contacting the church office. I have read and agree to the statement above.

\_\_\_\_\_ yes    \_\_\_\_\_ no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# AWANA 2018-2019

## Volunteer Medical Release and Authorization Form

**(List ALL FAMILY on one form)**

Leader(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) or Guardian Name(s): \_\_\_\_\_

Main Contact Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Leader: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Minor's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Minor's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Specific medical allergies, chronic illnesses, and/or other conditions of minor, if any. If "none," so state:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Authorization:** I understand that my family member(s) and/or emergency contact listed above will be notified as soon as possible in the case I experience a medical emergency, given the circumstances of the emergency. However, in the event that they cannot be reached, I authorize Grace Community Church, the Awana Commander, and/or volunteers present to contact any medical personnel necessary to properly evaluate the condition. In addition, I further authorize Grace Community Church the Awana Commander, and/or any volunteer present to consent to the provision of emergency medical care, including necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care, as recommended by medical professionals. I understand that Grace Community Church will not be responsible for any medical expenses incurred on the basis of this authorization.

**Waiver & Release:** As a participant, I remain legally responsible for any personal actions I take. Additionally, I understand that activities may involve active games, outdoor activities, occasional off-site field trips, etc. I understand that my participation in these activities, as well as those program-related activities not listed, may expose me to known danger as well as unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Church, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage that I may inflict or suffer while participating.

\_\_\_\_\_  
**Signature of Participating Volunteer**

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

