Date Registered_____ Dues Paid (Circle One)___Y___N__ Amount $_____ Check #_____

Club_____ Sponsored Scholarship Cash

(Above to be filled out by Awana Staff ONLY)

Church Of The Canyons Parental Consent Form

For AWANA Club Year 2011 - 2012

Registration dues: PreK - 6th grade, $30/child---max $90/family (does not include uniform or book)

Trek: $38, includes book (does not include uniform) 24/7: $54, includes book & elective (does not include uniform)

Student Name _____ **Gender M F** **Age** _____ **Birth Date** _____

Phone (_____) _____ - _____ **Grade** _____ **Brought to Awana By:** _____

Address _____ **City** _____ **State** ____ **Zip Code**_____

Do you attend church regularly?_____ **If so, where?** _____

How did you hear about Awana? _____

Please Print Parent(s) Full Name(s) and cell phone numbers and/or number where they can be reached during Awana:

Father: _____ (____) _____ - _____ (_____) _____ - _____

Mother: _____ (____) _____ - _____ (_____) _____ - _____

Email: _____

To whom it may concern:

The undersigned does hereby give permission for my (our) child (ward),_____, to attend and participate in activities sponsored by **Church of the Canyons** and we (I) agree to all of the conditions below.

a) **The Inherant Risks Of Church Activities**: Every activity sponsored by **Church of the Canyons** is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks. By signing this form, the undersigned agrees to assume and accept all risks and hazards inherent in church-related activities.

b) **Permission To Participate In Various Activities**: We (I), the undersigned, give permission for my (our) child (ward) to participate in the activities that occur at **Church of the Canyons** or while on activities sponsored by **Church of the Canyons**. These activities include, but are not limited to, swimming in pools, camping, hiking, and strenuous competition games. I warrant that my (our) child (ward) is fully capable of safely participating in all event activies, and I expressly assume all risks of his/her involvement, whether such risks are known or unknown to me at this time.

c) **Permission For Medical Treatment**: We (I) authorize an adult, in whose care my (our) child (ward) has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

d) **Agreement To Pay For Medical Treatment**: The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child (ward) pursuant to this authorization.

e) **Permission For Transportation**: The undersigned does also hereby give permission for my (our) child (ward) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by **Church of the Canyons**.

f) **Release Of Liability**: The undersigned does also hereby voluntarily waive any claim against Church of the Canyons, its denomination, all Board members, leaders and/or volunteers of Church of the Canyons, Awana Clubs International, all other Participants, and the owner and/or driver of the car or bus in which my (our) child (ward) is to receive transportation to the activity/outing for any and all causes which may arise in connection with the said trip or any phase or part thereof.

Hospital Insurance **Yes** ☐ **No** ☐ Insurance Co. _____ Policy No. _____

Signed: _____ Signed: _____

Father Date Mother Date

Signed:_____

Participant (If 18 yrs. Old or over) Date

Emergency Names and Phone Numbers: _____ (_____)_____-_____

(other than parent[s] listed above) _____ (_____)_____-_____

☐ **Please check this box and list on the back any medication your son or daughter is taking along with any allergies or special medical needs.** *(Feel free to include any special information you feel we may need to minister to your child.)*

Revised for Awana—07/31/2011