



**2023-2024 Registration Form:
Preschool – 6th Grade (Age 4 - Age 12)**

Cost: Now free!

If you feel led to give monetarily, visit our website: highlands.us/giving and include “Awana” in the memo

Child #1 Full Name: _____ Circle: Male/Female Date of Birth: _____

- 4-5 yrs. 
- K-2nd grade 
- 3rd-6th grade 

Grade: _____ School: _____ Health Conditions/Allergies: _____

Child #2 Full Name: _____ Circle: Male/Female Date of Birth: _____

- 4-5 yrs. 
- K-2nd grade 
- 3rd-6th grade 

Grade: _____ School: _____ Health Conditions/Allergies: _____

For additional children, please use another Awana registration form & attach.

PARENTS/ GUARDIAN INFORMATION – PLEASE PRINT LEGIBLY

Child(ren) live(s) with: Both Parents Father Mother Stepparent Legal Guardian

Father/Guardian’s Name: _____ Mobile phone: _____

Mother/Guardian’s Name: _____ Mobile phone: _____

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

Email/Father _____

Email/Mother _____

I am a: Member Regular Attendee Visitor

I am interested in Volunteering in Children’s Ministry: Yes No



This form must be on file with the Church of the Highlands before any minor child will be allowed to participate in Awana held at Church of the Highlands.

RELEASE OF LIABILITY for MINOR(S)

I give permission for the child or children this form pertains to, to take part in the Awana program sponsored by Church of the Highlands. I am fully aware that the Church of the Highlands, and all participating adults, will do everything in their ability to provide safety and assistance for my child. Because of this, I will not hold Calvary Cross Church of the Highlands, or any adult participant, responsible for any injury or physical hurt that might result from my child's participation in this activity. I understand, and agree, that if my child does not follow the rules, or respect the leadership of the activities, I may be required to pick them up.

MINOR PHOTO & VIDEO RELEASE

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Church Of the Highlands or anyone authorized by Church of the Highlands, of any and all photographs and/or videos taken of me and/or my children while participating in church activities, for any publicity purposes (promotional brochures, displays, website, etc.) without compensation. All images, electronic, negatives and positives, together with the prints, are owned by the Church. I hereby acknowledge that I have read and understood the terms of this release.

MEDICAL CONSENT

I, the undersigned parent or legal guardian of the child or children this form pertains to, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering any treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given to the provisions of section 25.8 of the Civil Code of California.

Additional person authorized to give permission for treatment in case parent(s) or legal guardian(s) are unavailable:

Full Name: _____ Phone Number: _____

Relationship to child: _____

Preferred Hospital: _____ City: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Medical Insurance: _____ Dental Insurance: _____

Signature of Parent or Legal Guardian: _____ **Date:** _____

Printed Name: _____