

- Paid
- Apply Scholarship



Crossroads Bible Church
 Kelsea Zembower
 Children's Ministry Director
 585-698-7751

Registration Form 2022-2023

Parent/Guardian Information

Name _____ Cell Phone _____

Address _____ Home Phone/2nd Cell Phone _____

City _____ State/ Zip _____

Other person(s) authorized to pick up child(ren) _____

Emergency Contact Name _____ Emergency Contact Phone _____

Child's First & Last Name	D.O.B.	Grade	Cubbies 3-4 years old	Sparks K-2 nd Grade	T & T 3 rd -6 th Grade
1.					
2.					
3.					
4.					
5.					

Medical & Allergy Information		
Child's Name	Allergies	Medical Needs
1.		
2.		
3.		
4.		
5.		

RELEASE OF LIABILITY, PHOTO RELEASE, AND CONSENT TO MEDICAL TREATMENT

1. Release of Liability I, for myself, my minor child, and for the child's other parent/guardian, hereby release, waive, discharge, and covenant not to sue Crossroads Bible Church and its officers, directors, employees, agents, volunteers, heirs, and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys fees and other expenses arising from any lawsuit that might otherwise occur from any loss, damage, or injury to my child's person or property in any way resulting from or connected with my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules or regulations, failure to make inspections, or the negligence of other persons.

2. Photo Release I give permission for my child's photo, which may be taken during Awana, to appear on the church website (www.crossroadsbible.info) or to be used for publicity or display purposes.

3. Consent to Medical Treatment In the event that my child becomes ill or injured, I give permission for a representative of Crossroads Bible Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to ensure the health and welfare of my child including but not limited to x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and admission of drugs or medicine under the care of a licensed physician and/or surgeon.

4. Awana Contact Permission Authorization Occasionally your child's handbook leader may contact you or your child to see how they are enjoying club and if any help is needed with completing a handbook. They may also send written correspondence such as a "get well" card or birthday card. By signing below you are giving your child's leader permission as the legal parent/guardian to contact you and your child by written communication and telephone in regard to club-related activities.

Parent/Guardian Signature _____

Date _____