



RIVER47

250 S. Prospect Street
 Orange, CA 92869
 www.river47.org
 (714) 633-6464

Registration Form

Parent/Guardian's Information

Name _____

home Phone _____

Address _____

Cell Phone _____

City _____ State _____ Zip _____

Work Phone _____

Church Attendance (if any) _____

email _____

Name of other person authorized to pick up child/children _____

Emergency Contact Phone _____

Child's First and Last Name	Date of Birth	Gender	Grade	Cubbies 4 & 5 yrs	Sparks K-2nd	T&T 3rd- 6th	Handbook Y or N
1							
2							
3							
4							
5							

Medical and Allergy Information

Child's Name	Current Immunization	Allergies	Medications
1	Y or N		
2	Y or N		
3	Y or N		
4	Y or N		
5	Y or N		

RELEASE OF LIABILITY, PHOTO RELEASE AND CONSENT TO MEDICAL TREATMENT

- Release of Liability:** I, for myself, my minor child and for the child's other parent and /or guardian, hereby release, waive, discharge, and covenant not to sue River47, and it's officers, director, 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 may 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 and regulations, failure to make inspections, or the negligence of other persons.
- Photo Release:** I give permission for my child's photo, which may be taken during AWANA to appear on the church website www.river47.org or to be used to publicity or display purposes.
- Consent to Medical Treatment:** In the event my child becomes ill or injured, I give permission for a representative of River47 to take whatever steps are reasonable 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 insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.
- AWANA Contact Permission Authorization:** Occasionally your child's handbook leader would like to contact you and your child to see how they are enjoying the club, and if they need any help in completing their handbooks. Your child's leader would also like to send written correspondence such as "Get Well" cards and a "Birthday" card. By signing below you are giving your child's leader written permission as the legal parent/guardian to contact you and your child, by written communication and by telephone to discuss club activities.

Parent/Guardian Signature _____

Date _____