

**AWANA REGISTRATION & CONSENT FORM
NEW LIFE COMMUNITY CHURCH
September 2008 to May 2009**

Child: _____

Age: _____ Grade: _____ Birthday: _____

Name of Parent /Legal Guardian : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

I/We give consent for the child listed above to attend any Children's Ministry event being sponsored by New Life Community Church from the school year of September 2008 to May 2009.

In the event that he or she is injured while under the care of New Life Community Church and its representative and requires the attention of a doctor, I/we hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold New Life Community Church and its representatives free and harmless of any claims, demands or suits of damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of events and do hereby release New Life Community Church and its representatives from any liability due to accident or injury incurred by my/our child.

Signed: _____

Date: _____

Special Medications or Allergies: _____

Family Doctor: _____ Doctor's Phone # _____

Insurance Co.: _____ Name of Policy Holder: _____

Group/Policy #: _____ Hospital Choice: _____