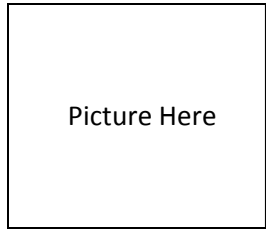




# ACRC Registration & Release Form



## CHILDS INFORMATION

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

Age \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_ Date of Birth \_\_\_\_\_

Any health related problems \_\_\_\_\_

Any allergies \_\_\_\_\_

Please specify, if allergic to any medicine \_\_\_\_\_

Heath Care Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

## PARENTS/GUARDIANS INFORMATION

Name \_\_\_\_\_ (spouse) \_\_\_\_\_  
First Last First Last

Contact Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Spouse (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

## IF A FAMILY MEMBER IS IN AWANA PLEASE MENTION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Club \_\_\_\_\_  
First Last

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Club \_\_\_\_\_  
First Last

## EMERGENCY CONTACT

Name \_\_\_\_\_  
First Last

Contact Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## OTHER INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

1. I, [Parent's or Guardian Name], \_\_\_\_\_ understand that the above name child may participate in physical activities such as those held during Game Time. I understand that with any physical activity, there is a risk of injury. I fully accept this risk and do not hold any legal liability to: Alameda Christian Reformed Church, [2914 Encinal Ave., Alameda, CA 94501] and/or Fair Haven Bible Chapel , [401 Mac Arthur Blvd., San Leandro, CA 94577] and/or any persons involved in Awana Clubs International, and/or the Awana and 24-7 Ministries Programs of Alameda Christian Reformed Church and/or Fair Haven Bible Chapel.

2. In the event of an emergency that requires medical treatment for the above named child, I understand that every effort will be made to contact me or my emergency contact. However, if I / we cannot be reached, I give my permission to an Awana Leader or Parent to secure the services of a licensed physician or qualified medical or emergency professional to provide the necessary care for my child's well being. I assume full responsibility for all costs connected to any accident or treatment of my child.

3. I grant permission for my child to travel to and from any and all Awana or 24-7 Ministries events with an adult leader or parent. Any such event will be clearly communicated with me beforehand.

4. I grant permission to Alameda Christian Reformed Church to drive my child to and from Fair Haven Bible Chapel on each Thursday night from Sept. 15<sup>th</sup> thru May 17<sup>th</sup>. I also agree the adult driving my child is 18 years or older, licensed and driving an insured vehicle.

\_\_\_\_\_  
(Parent or Guardian Signature for Medical and Transportation Release)

\_\_\_\_\_  
(Date)