



Rapelje Evangelical Church
 Awana Clubs
 PO Box 56
 Rapelje, MT 59067
 (406) 663-2234



2020-2021 Awana Registration Form

Child's Name: _____ Birthdate: _____ Grade: _____

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Shirt Size (choose from below): Child 1: _____ Child 2: _____ Child 3: _____

Youth XS, S, M, L, XL

Adult S, M, L, XL, XXL

Father/Guardian: _____ Mother/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ - _____ Cell Phone: () _____ - _____

E-mail _____

Home Church: _____

Special Needs or Disability: _____

Phone number where you can be reached while your child is at Awana: _____

Emergency contact: _____ Phone number: _____

Consent to use videos, photographs, and/or slides of my child(ren) for publicity purposes, including on social media: _____yes _____no

For safety reasons, children may not be unsupervised in the church parking lot.

Parents, please pick up your children inside the church after Awana.

Please complete other side>>

Permission/Medical Release Information:

I give the child(ren) listed on this form permission to participate in all Rapelje Evangelical Church Awana Club events during 2020-2021. By registering my child(ren) for Awana events and programs, I am agreeing to follow all the policies, procedures, and rules in the Parent Handbook. I certify that my child is in good health and is physically able to participate in normal activities. In the event of any accident or illness, the Awana adult leaders will take any necessary action. In case of medical emergency, I give permission for Awana adult leaders to secure proper medical treatment for my children named above. I understand that every effort will be made to contact me in the event of such an emergency. I hereby release Rapelje Evangelical Church and its adult leaders from any liability for medical costs or problems that may arise during Awana club.

-COVID 19-

COVID-19 is extremely contagious and spreads primarily through person-to-person contact. As a result, federal, state, and local governments along with their respective health agencies recommend social distancing. By signing this form, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume all risk that my child/ward may be exposed to or infected with COVID-19 while attending Awana, and that such exposure or infection may result in personal injury, illness, permanent disability, or death.

Parent/Guardian Signature: _____ Date: _____

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care for my child at the discretion of Rapelje Evangelical Church and the attending physician at the medical/emergency center. If a hospital is not listed on the event registration form or permission medical release form, the nearest medical facility will be used. I accept responsibility for all associated expenses.

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Insurance carrier: _____

Subscriber name and birthdate: _____

Policy number: _____

Primary care physician: _____ Preferred Hospital: _____

Parent/Guardian Signature: _____ Date: _____