



Grace Chapel Awana Registration Form
August 2017 - April 2018 • 6:00-8:00 p.m.

Table with 5 columns: Clubber's Name, Gender, Birthdate, Age, Grade. Contains 5 rows of blank lines for registration.

Parent(s) or Guardian(s)
Address
City
Zip
Home Phone
Cell Phone
Email
Home Church

The success of our AWANA Club is strongly dependent on volunteers. Grace Chapel has been blessed with committed and faithful adults that fulfill this need.

Each club requires a minimum number of leaders. This ensures your child the attention, time, and acknowledgement needed for the program. We will provide you with training and all materials to be successful!

Please contact me with more information about the following area(s).

Returning Club Leader (Club)
Game Leader (Club)
New Club Leader (Club)
Secretary (Club)

Registration Cost:

Cost per kid: \$30/semester OR \$60/year X the # of children = (Total per semester/year \$)

*Maximum \$250 registration per family

Total Due \$ (make checks payable to Grace Chapel)

Cash / Check (Check #) Total Paid \$ Date

If you have any additional questions, please contact our Awana Leadership:
Patti Bogner at Awana@GraceChapel.org,
or Jamie Tressen, Kid's Pastor, at JTressen@GraceChapel.org.

Please fill out the liability release form on the reverse side of this registration form.

*By registering for any event at Grace Chapel, I give Grace Chapel permission to use photos taken of me/my children during an event in promotional materials, in the newsletter, on the website, or in any capacity in perpetuity. If you would like to "opt out," please let a staff person know. I waive, release, and indemnify Grace Chapel and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Grace Chapel activity or trip and that involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability.

GENERAL LIABILITY/MEDICAL/MEDIA RELEASE FORM

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We (I), being 18 years of age or older, do for ourselves (myself) and for and on the behalf of my child/participant (if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Grace Chapel and all staff, volunteers or other personnel from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child/participant that occur while said child/participant is participating in any Grace Chapel trip/activity.

Furthermore, we (I) on behalf of our (my) child/participant (if under the age of 18 years old) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and other activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food and lodging for the participant.

The undersigned further hereby agree to hold harmless and indemnify said Church, its directors, employees and agents, for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Should an emergency situation arise, we/I hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Mandatory Reporting Required: If Grace Chapel has reasonable cause to know or suspect child abuse and neglect, we are required to report it to the appropriate authorities, according to Colorado statute 19-3-304 (1), (2), (2.5); 19-3-11.

Participant Information

Participant's name: _____ Date of birth: _____

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Medical Insurance: Yes No Insurance Company name: _____

Policy number: _____

Physician's name & phone number: _____

Emergency contact name & phone number: _____

Others to contact if you are not available (name, phone, & relationship): _____

Allergies: _____

Physical condition(s) which may inhibit participation: _____

Signature: _____ Date: _____



8505 S Valley Hwy, Englewood, CO 80112
P 303.799.4900 • GraceChapel.org