



AWANA Registration

2016-2017



Session #1: Sept. 14th - Dec. 14th / Session #2: Jan. 4th - May 17th

Wednesdays, 6:00pm - 7:30pm

Child's Name: _____ Boy ____ Girl ____
 Street Address: _____
 City _____ Zip code _____ Cell: () _____ Home: () _____
 E-mail address: _____
 Home church: Grace Point Church ____ Other _____
 Parent Name: _____ Phone # during Awana: () _____
 Child's Birth Date: _____ Child's Grade in School, Fall 2016: _____
 Awana Club (circle): Cubbies (3's-Pre-K) Sparks (K-2nd Grades) Truth & Training (3rd/4th Grades)
 I have read and **signed the back** of the Medical & Liability Release Form for Grace Point Church:
 Parent Signature: _____ Date: _____

| Item | Cost | Total |
|--|--------------|-------|
| AWANA Registration Dues | | |
| Session #1 (Sept. 14 th - Dec. 14 th) | \$30.00 | |
| Session #2 (Jan. 4 th - May 17 th) | \$30.00 | |
| Scholarship Donation Amount (optional) | \$ | |
| Cubbies (3 Years Old - PreKindergarten) | | |
| Cubbies Vest: Size: Medium / Large / XL | \$12.00 | |
| Honeycomb Book | \$13.00 | |
| Cubbies Handbook Bag (optional) | \$8.00 | |
| Sparks (Kindergarten-2 nd Grade) | | |
| Sparks Vest: Size Small / Medium / Large | \$14.00 | |
| HangGlider Book | \$12.00 | |
| WingRunner Book (when HangGlider is completed) | \$12.00 | |
| SkyStormer Book (when WingRunner is completed) | \$12.00 | |
| Sparks Frequent Flyer Extra Credit Books | \$9.00 | |
| Sparks Handbook Bag (optional) | \$9.00 | |
| Truth and Training (3 rd & 4 th Grade) | | |
| T&T T-Shirt: Size: Small / Medium / Large | \$17.00 | |
| Book: Mission: Grace in Action | \$13.00 | |
| T&T Sling Bag (optional and new!) | \$9.00 | |
| | Total | |

***All Handbooks and Vests/Shirts are received at the clubs when the entrance booklet is completed ***

Send completed Registration form
 and check payable to "GPC" to:
 Grace Point Church, Attn: Awana
 13340 Hayford Way,
 San Diego, CA 92130

Questions?

Contact Diane Sparks at:
 diane@gracepointsd.com
 858-481-0424 x240

Name Tag ____ Attendance ____ Club Card ____ File Label ____

GPC Office Use only: Date Paid _____ Cash/Check # _____ Total Amount Paid _____ Medical Release Signed _____

Grace Point Church Medical and Liability Release Form

Please complete one form per family per calendar year

ALL INFORMATION IS FOR EMERGENCY PURPOSES ONLY & WILL BE KEPT CONFIDENTIAL.
ONE FORM PER FAMILY - PLEASE PRINT LEGIBLY.

FAMILY LAST NAME: _____ Home Phone: (____) _____
Address: _____ Work Phone: (____) _____
City, State, Zip: _____ Cell Phone: (____) _____
Parent(s) / Guardian(s) living with Minor(s): _____
In emergency please notify: _____ Phone: (____) _____
Family doctor: _____ Phone: (____) _____
Medical Insurance Company: _____ Policy # _____

Name of Child #1: _____ Gender: Male ____ Female ____
Date of Birth: ____ - ____ - ____ Age: ____ Grade in school: _____
Name of School: _____
Health History / Allergies (explanation on reverse, as needed):
____ Drugs ____ Diabetes ____ Epilepsy ____ Frequent upset stomach
____ Hay Fever ____ Heart condition ____ Insect stings ____ Physical handicap
____ Chronic asthma ____ Frequent colds ____ A.D.D. ____ Other (explain on reverse)
Current Medications: _____

Name of Child #2: _____ Gender: Male ____ Female ____
Date of Birth: ____ - ____ - ____ Age: ____ Grade in school: _____
Name of School: _____
Health History / Allergies (explanation on reverse, as needed):
____ Drugs ____ Diabetes ____ Epilepsy ____ Frequent upset stomach
____ Hay Fever ____ Heart condition ____ Insect stings ____ Physical handicap
____ Chronic asthma ____ Frequent colds ____ A.D.D. ____ Other (explain on reverse)
Current Medications: _____

Please read and **sign the back** of this sheet.

GPC MEDICAL & LIABILITY RELEASE AGREEMENTS

I. MEDICAL RELEASE AGREEMENT

As the parent(s) / guardian(s) ("Undersigned") of the above named child ("Minor"), the Undersigned are responsible for the health care decisions of the Minor and is/are authorized to give consent for medical treatment to be provided to the Minor. The Undersigned represents that no other consent from any other person(s) is/are required by law.

The Undersigned do hereby authorize Grace Point Church ("GPC") as agents for the Undersigned, to consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital care of the Minor, which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act (Business & Professions Code Sections 2000-2029) and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood and agreed that this authorization is given in advance of specific diagnosis, treatment or hospital care being required and is given to provide GPC with the authority and power to give specific consent to any and all such diagnosis or treatment deemed advisable for the Minor. This authorization is given pursuant to Sections 6910 and 6550 of the California Family Code and shall remain effective until December 31, 2017 unless revoked sooner in writing delivered to, and received by GPC.

It is also understood and agreed that the Undersigned is/are responsible for all costs relating to the necessary medical treatment, whether through insurance or other means, and that GPC does not provide medical insurance coverage and is not responsible for any costs relating to medical treatment of the Minor.

In addition to the above, the Undersigned agree(s) to allow the Minor to be photographed and/or videotaped for official publication purposes relating to GPC (flyers, brochures, web site, etc.).

II. LIABILITY RELEASE AGREEMENT

The Undersigned hereby release(s), waive(s), and discharge(s) GPC, its officers, agents, employees and representatives (hereinafter "Releasees") from any and all liability, responsibility, damages, losses, and claims resulting from personal injury, accidents, and/or property loss caused in any manner, including the simple, active or passive negligence of Releasees, arising from or related to Minor's participation in GPC activities.

The Undersigned further understand(s) and expressly agree(s) that the foregoing Medical Release Agreement and Liability Release Agreement ("Release Agreement") is intended to be as broad and inclusive as is permitted by the laws of the State of California, including without limitation California Probate Code section 3500, *et seq.*, and that if any portion of the Release Agreement is found invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full legal force and effect.

The Undersigned has/have carefully read this Release Agreement and fully understand its contents. The Undersigned is/are aware that this is a release of liability and a consent to medical services, and further understand that the Undersigned is/are giving up substantial legal rights. The Undersigned is/are not relying on any representation by GPC which is not set forth herein, and further understand(s) that any modification to this Release Agreement must be made by GPC in writing. The Undersigned agree(s) to sign for the Minor listed on this form, and will update this form as information changes.

Signature Relationship to Minor Date

All parents are required to help two nights each semester in their child's club. _____
Signature

Explanation from previous page, as needed: _____
