

COMMUNITY BIBLE CHURCH  
REGISTRATION & PERMISSION SLIP

Fall 2011-Spring 2012



**Cubbies**  
**3-4 years old**

**Registration: \$37 1<sup>st</sup> child...\$32 second child...\$96 per family--includes first book  
Uniform Vest: \$11.50**

**Important stuff we need to know!!**

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Street \_\_\_\_\_ City, Zip code: \_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ father \_\_\_\_\_ mother \_\_\_\_\_ other \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

If you have attended AWANA before, please check off the handbooks you have COMPLETED:

**Cubbies:** \_\_\_\_\_ Hopper \_\_\_\_\_ Jumper

PARENTS OR GUARDIANS \_\_\_\_\_

(Printed names)

HOME CHURCH \_\_\_\_\_ INVITED BY \_\_\_\_\_

**If you're done here, turn me over! \***

(Office use) Handbook \_\_\_\_\_ Paid date \_\_\_\_\_

Amount \_\_\_\_\_



# AWANA ACTIVITY PERMIT

Sept 2011/May 2012

(includes Club Nights, Grand Prix Races, AwanaGames, Sparks-A-Rama, Bible Quizzing, Cubbie Play Day, Sparky Tea, T&T Boys Campout, T&T Girls Sleepover)

## Permission, Medical Release and Waiver of Liability

I/We, the undersigned parent(s) or guardian(s) of the child named on this form, a minor, have legal authority, and do here authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act and on the staff of any hospital holding a current license to operate a hospital from the State of California Department of Health Services. It is understood that this authorization given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility of any costs connected with such treatment, understanding that the church insurance coverage will be secondary to their own insurance coverage.

In consideration of the possible injuries which could occur at the Community Bible Church, I further release Community Bible Church and persons connected with it, including the vehicle driver of any vehicle driven, from any liability therefore, in the event of an emergency and from any and all liability for any injury or damages whatsoever arising from any participation in any Community Bible Church program.

This release form is completed and signed of my own free will with purpose of granting my child listed above permission to participate in Community Bible Church's AWANA Ministries, authorizing medical treatment under any emergency circumstances in my absence, releasing liability specifically as stated above.

INSURANCE CARRIER: \_\_\_\_\_ PRIMARY INSURED: \_\_\_\_\_

SUBSCRIBER #: \_\_\_\_\_ DATE OF LAST TETANUS SHOT: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ DR. PHONE# \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your relationship to Clubber

\_\_\_\_\_  
Person to call if you cannot be reached.

\_\_\_\_\_  
Their phone #

**PLEASE LIST ANY ALLERGIES OR OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF:**