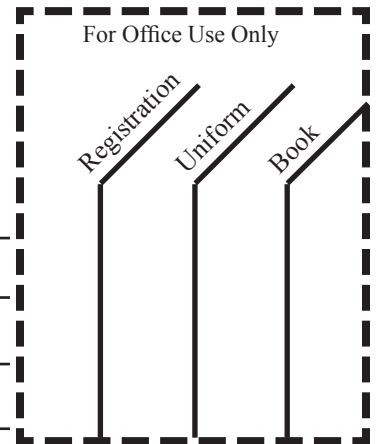




For 3 year olds through 6th grade
Must be 3 by Sept. 1, 2011

REGISTRATION AND MEDICAL RELEASE 2011/2012

Child's Name M/F Grade Age Birthday Allergies



Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Do you attend Church? _____ If so, where? _____

Emergency Contact Information	
Parent's Cell/Alternate Phone Number: _____	Alternate Contact Person Name: _____
Family Physician: _____	Phone: _____
Phone: _____	Relation: _____

We/I grant permission for the child to participate in Awana. Awana is sponsored by Orchards Community Church.

We/I grant permission to the church and its employees, volunteers, and agents to take the child to a physician for medical treatment, emergency surgery, or hospitalization if the child becomes ill or sustains an injury or otherwise requires medical treatment. We/I agree to assume the responsibility for all medical, transportation, rescue, and other related expenses incurred on behalf of the child in the event the child receives medical attention.

We/I release and agree to hold harmless the church and its directors, officers, employees, volunteers, and agents against any and all claims for personal injury (including loss of life) and all other losses or damages.

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____

822 Bryden Avenue
Lewiston, ID 83501
208.743.1021
www.lewistonocc.org



orchards
community church