

Suggested Annual Donation
Participation: \$10 per child
Shirt/Vest: \$10 as needed
Handbook: \$5 as needed
 Make checks payable to:
 Community Church of Moab



Community Church
 PO Box 88
 544 Mi Vida Drive
 Moab, UT 84532
 (435) 259-7319
moabcommunitychurch.com

REGISTRATION FORM 2021-2022

Parent/Guardian Information

Name _____ Home Phone _____

Mailing Address _____ Cell Phone _____

City _____ State _____ Zip _____ Work Phone _____

Church Membership/Attendance (if any) _____ E-mail _____

Name of other person(s) authorized to pick up child/children _____ Emergency Contact Phone _____

Child's First and Last Name	Birthday	Grade Entering	Favorite Food	Need a shirt? Please List Size	Official Use Only
1.					
2.					
3.					
4.					
5.					

Medical and Allergy Information		
Child's Name	Allergies	Special Instructions
1.		
2.		
3.		
4.		
5.		

RELEASE OF LIABILITY, PHOTO RELEASE AND CONSENT TO MEDICAL TREATMENT

1. Release of liability: I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue Community Church of Moab, and its officers, director, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise occur from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's attendance at AWANA, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

2. Photo Release: I give permission for my child's photo, which may be taken during AWANA to appear on the church website www.moabcommunitychurch.com or be used for other publicity or display purposes.

3. Consent to Medical Treatment: In the event my child becomes ill or injured, I give permission for a representative of Community Church of Moab to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

4. AWANA Contact Permission Authorization: Occasionally your child's handbook leader may want to contact you and your child to see how they are enjoying club, and if they need any help in completing their handbooks. Your child's leader may also want to send written correspondence such as "Get Well" cards and a "Birthday Card." By signing below you are giving your child's leader written permission as the legal parent/guardian to contact you and your child, by written communication and by telephone to discuss club activities.

Parent/Guardian Signature _____ Date _____