



Southside Baptist Church

522 South Brundidge Street

Troy, Alabama 36081

REGISTRATION FORM

334-566-2263

PARENT/GUARDIAN'S INFORMATION

Name

Home Phone

Address

Cell Phone

City State Zip

Emergency Contact Phone

Name of other person authorized to pick up child(ren)

Email

Where will you usually be located while your children are at Awana, i.e. life group, church volunteer, home?

CHILDREN'S INFORMATION

Child's First & Last Name	DOB	Age	Grade	Gender
1.				
2.				
3.				
4.				
5.				

MEDICAL & ALLERGY INFORMATION

Child's Name	Current Immunization	Allergies	Medications
1.	Y or N		
2.	Y or N		
3.	Y or N		
4.	Y or N		
5.	Y or N		

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 Southside Baptist Church, and its officers, directors, employees, agents, volunteers, heirs and assigns 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 to appear in a photo or video, which may be taken during Awana to appear on Southside Baptist Church's website (www.southsidetroy.com) and/or Facebook page and be used for publicity or display purposes. Note: no private information will be disclosed publicly.
3. **CONSENT TO MEDICAL TREATMENT:** In the event my child becomes ill or injured, I give permission for a representative of Southside Baptist Church 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.

Parent/Guardian Signature

Date