



# Mililani Community Church

## Registration Form for 2024-2025

#1 - Child's Name: \_\_\_\_\_ Club: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of Sep) : \_\_\_\_\_

School Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

#2 - Child's Name: \_\_\_\_\_ Club: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of Sep) : \_\_\_\_\_

School Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

#3 - Child's Name: \_\_\_\_\_ Club: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of Sep) : \_\_\_\_\_

School Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

#4 - Child's Name: \_\_\_\_\_ Club: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of Sep) : \_\_\_\_\_

School Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Family Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

On Friday nights parents/guardians can be reached at: (Cell) \_\_\_\_\_

Person(s) (besides parents) authorized to pick-up child(ren) from AWANA: \_\_\_\_\_

\_\_\_\_\_

# Mililani Community Church

AWANA Registration Form for 2024-2025 Program Year



Person(s) who can take responsibility for my child(ren) if their parents/guardians cannot be reached?

Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Do you have health insurance:    Yes    No

Name of insured (Father / Mother): \_\_\_\_\_

Name of insurance provider: \_\_\_\_\_

Co. ID #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medications (by child): \_\_\_\_\_

Contacts/Glasses/Hearing Aids: \_\_\_\_\_

In case of illness or injury to my child and I am unable to respond for medical attention, the staff or sponsor of Mililani Community Church (MCC) is authorized, as agents for the undersigned, to consent IMMEDIATELY to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority to MCC agents to give specific consent to any and all diagnosis, treatment or hospital care. I understand that I am responsible for providing medical insurance and payment of all charges incurred in diagnosis and treatment.

**PARTICIPATION RELEASE:** I give consent for: \_\_\_\_\_

to participate in the AWANA activities of Mililani Community Church (MCC). I assume all risks and hazards incidental to such participation including transportation to and from the activity, and do hereby waive, release, absolve, indemnify, and agree to hold blameless the MCC AWANA staff, sponsors, participants, and persons interacting with my child or associated with the program during the activity for any claim arising out of injury to my child. In the event that the above-named participant creates a discipline problem that cannot be reasonably corrected by those supervising the activity, I agree to go to the location of the activity and pick up the child or arrange satisfactory transportation from the activity.

# Mililani Community Church

AWANA Registration Form for 2024-2025 Program Year



## **PHOTOGRAPHIC / VIDEO / VOICE RECORDING CONSENT AND RELEASE:**

I hereby grant to Mililani Community Church (MCC) and those acting for MCC the unrestricted right to use any photograph, video, film, image, likeness, slide, and/or voice recording (Materials) pertaining to me and/or my minor child(ren) listed above for any lawful purpose, including publicity of events and posting on MCC's website, without compensation. This grant includes the right to use, edit, mix, duplicate, and reuse the Materials, in whole or in part.

I acknowledge that MCC's use of the Materials confers no rights of ownership or royalties in me or my child(ren), and I hereby waive, for myself and/or my child(ren) listed above, all rights and objections associated with use of the Materials, including any reasonable expectation of privacy and confidentiality.

I understand that this consent is continuous and can only be rescinded in writing. I further understand that any written rescission of my consent shall not apply to Materials that have already been used, published, distributed, or posted.

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Parent/Guardian Signature

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Date