

## **Pioneer Bible Church**

P.O Box 36/6851 Mt. Aukum Rd Somerset, CA 95684 (530) 620-4859

## Parent/Guardian's Information

Mother's Name					Mother's Ho	me Phone		
Physical Address					Mother's Cel	l Phone		
City	State	Zip			Mother's Wo	ork Phone		
Mailing Address					Mother's em	ail		
City	State	Zip						
Father's Name					Father's Home Phone			
Physical Address	sical Address				Father's Cell Phone			
City	State Zip			Father's Work Phone				
Mailing Address					Father's email			
City	State	Zip						
Child's First and Last Name	Date of Birth	Gender	Grade	Cubbies 3&4 Yrs	Sparks K-2nd	T & T 3rd-5th	Trek 6th-8th	Journey HS
1								
1 2								
2								
2 3								
2 3 4	Medical ar	nd Allergy Ir	nformation					
2 3 4	Medical ar Current Imm			rgies		Medica		
2 3 4 5		unizations						
2 3 4 5 Child's Name	Current Imm	N						
2 3 4 5 Child's Name	Current Imm Y or	N N						

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Y or N

## Authorized Adults, 18 and older, to PicK Up My Children From Awana at Pioneer Bbile Church [PLEASE PRINT]

1)	First Name	Last Name	Relationship	Day Time Phone #						
2)	First Name	Last Name	Relationship	Day Time Phone #						
3)	First Name	Last Name	Relationship	Day Time Phone #						
		TO RELEASE, CONSENT TO MEDICAL TREETMEN								
		o the consent to indicate that you have rea								
	1) Release of liability: I, for myself, my minor child									
discharge, and covenant not to sue Pioneer Bible Church and it's officers, director, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorney's fees and other expenses arising from any lawsuit that may otherwise occur from any loss or 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 activities, to appear on the church website www.pioneerbiblechurch.org or church administered Facebook page or to be used for publicity or display purposes.									
		1.0								
	3) Consent to Medical Treatment: In the event my child becomes ill or injured, I give permission for a representative of Pioneer Bible 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 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 license physician and/or surgeon.									
	4) Awana Contact Permission Authorization: Occa	isionally your child's handbook leader would	d like to contact you and yo	our child to see						
L	see how they are enjoying the club, and if they ne	, , , , ,								
	correspondence such as "Get Well" cards and a " parent/guardian to contact you and your child, by	, , , , , ,		itten permission as the legal						
-	By signing this I acknowledge that I have read and understood the information on this form and I give consent to participate in the Pioneer Bible Church electronic registration.									

Parent/Guardian Signature

Date