

Pioneer Bible Church

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

Parent/	'Guardian	's Inf	formation
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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 Hon	ne Phone			
Physical 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									
2									
3									
4									
5									
	Medical ar	nd Allergy Ir	nformation						
Child's Name	Current Imm	unizations	Allergies			Medications			
1	Y or N								
2	Y or N								
3	Y or N								
4	Y or N							`	
5	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 #				
		IABILITY, PHOTO RELEASE, CONSENT TO MEE						
	1) Release of liability: I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive,							
	loss, claims, demands, possible caus loss or damage or injury to my child	Pioneer Bible Church and it's officers, directed of action, court costs, attorney's fees are 's person or property in any way resulting the person or property in any way resulting the property in any way resulting the ma	nd other expenses arising from any la from or connected with my child's at	wsuit that may otherwise occur from any tendance at Awana, including, without				
	2) Photo Release: I give permission	for my child's photo, which may be taken c	luring Awana activities, to appear on	the church				
	website www.pioneerbiblechurch.c	website www.pioneerbiblechurch.org or church administered Facebook page or to be used for publicity or display purposes.						
	3) Consent to Medical Treatment: Ir	n the event my child becomes ill or injured,	. I give permission for a representativ	ve of Pioneer Bible Church				
<u> </u>	to take whatever steps are reasonal reasonably necessary to insure the	bly necessary to render emergency first aid health and welfare of my child including, b istration of drugs or medicine under the ca	I to my child. I also consent to such e ut not limited to, x-rays, anesthetic, I	mergency medical treatment as may be medical or surgical diagnosis and				
	4) Awana Contact Permission Autho	orization: Occasionally your child's handboo	ok leader would like to contact you a	nd your child to see				
<u> </u>	see how they are enjoying the club, and if they need any help in completing their handbooks. Your child's leader would also like 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.							
-	r signing this I acknowledge that oneer Bible Church electronic re	: I have read and understood the ir egistration.	nformation on this form and I	give consent to participate in the				
Pa	rent/Guardian Signature		_	Date				