

Grove Park Chapel

Registration and Emergency Information

Child's **Last Name:** _____ **First Name:** _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
No / Yes Special Medical Needs/Allergies _____

Child's **Last Name:** _____ **First Name:** _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
No / Yes Special Medical Needs/Allergies _____

Child's **Last Name:** _____ **First Name:** _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
No / Yes Special Medical Needs/Allergies _____

Child's **Last Name:** _____ **First Name:** _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
No / Yes Special Medical Needs/Allergies _____

Child's **Last Name:** _____ **First Name:** _____ Male___ Female___
Date of Birth: ___/___/___ Age ___ Grade ___ Group _____
No / Yes Special Medical Needs/Allergies _____

Parent/Guardian name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Home Church: _____

Emergency Contacts (if parents cannot be reached):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

*I agree that Grove Park Chapel may use photographs of myself and/or my child(ren) for any lawful purpose, including publicity, illustration, advertising, and web content.

*In the event of an emergency, if I cannot be reached and my listed emergency contacts cannot be reached, I give my permission for the AWANA staff at GPC to secure medical assistance for my child while he/she is attending this program. I understand that every effort will be made to contact me and other emergency contacts in an emergency, but if I am unavailable and if immediate medical attention is required, program personnel may authorize such treatment. I will not hold Grove Park Chapel or the AWANA staff responsible in any way.

Parent/Guardian Signature: _____ Date: ___/___/___