



# 2021-2022 Registration Form



Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Pick-Up: \_\_\_\_\_

Will your child be riding on the van to Awana? Yes:\_\_\_ No:\_\_\_

Will they be dropped off at the same address above? Yes:\_\_\_ No:\_\_\_

If not, what address will they go to and who will be there: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade (2021-22): \_\_\_\_\_

Allergies: \_\_\_\_\_

Home Church (if other than OCN): \_\_\_\_\_

### Check AWANA Group:

\_\_\_\_\_ Cubbies (3's to Kindergarten) \_\_\_\_\_ Sparks (1<sup>st</sup>-2<sup>nd</sup> grade) \_\_\_\_\_ T&T (3<sup>rd</sup>-6<sup>th</sup> grade)

\_\_\_\_\_ Trek (7<sup>th</sup>-8<sup>th</sup> grade) \_\_\_\_\_ Journey (9<sup>th</sup>-12<sup>th</sup> grade)

Has your child previously been involved with AWANA? Yes:\_\_\_ No:\_\_\_

If so, what handbook is he/she in? \_\_\_\_\_

*I give permission for my child's picture to be taken and used as promotion of Oil City Church of the Nazarene's AWANA program. \_\_\_\_\_ Yes \_\_\_\_\_ No*

*I understand that my child will be involved and participating in the games and activities of the AWANA Programs at Oil City Church of The Nazarene. I will not hold Oil City Church of The Nazarene staff or volunteers responsible for injuries that may occur during the AWANA programs. I also commit to partnering with Oil City Church of the Nazarene and my child to aid them in being successful in the AWANA programs.*

*I have read the handbook and I am in agreement with it.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



601 E. 2<sup>nd</sup> street  
 Oil City, PA 16301  
 www.oilcitynaz.org

## PARENTAL PERMISSION & MEDICAL RELEASE FORM FOR STUDENT MINISTRY ACTIVITIES

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Alternative Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### PARENTAL PERMISSION

I hereby give permission for this student to participate in church activities of Oil City Church of the Nazarene, Oil City PA. This includes all sponsored activities on or off the Church property (including all activities involving travel and/or lodging) unless otherwise stated. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to the safety policies at all times. This permission shall remain in effect until *September 1, 2022* unless terminated in writing. I hereby give permission for this student to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over the age of 18 and approved by Oil City Church Staff. In addition, I understand that my child may be photographed or recorded on video during youth ministry events. By signing below, I provide consent for their image to be used in either print, electronic, or video form for promotional purpose of future retreats and middle school activities.

\_\_\_\_\_  
 Parent or Legal Guardian Signature

\_\_\_\_\_  
 Date

### MEDICAL TREATMENT AUTHORIZATION

I understand I will be notified in the case of a medical emergency. However, in the event I cannot be reached, I authorize the approved Oil City chaperon in charge to obtain any necessary medical attention in case of sickness or injury to my child. I understand the Oil City adult chaperon will not be responsible for medical expenses incurred solely based on this authorization. I hereby release and discharge all sponsors and Oil City Church of the Nazarene from any and all claims, demands, actions or causes of action, past present, or future arising out of damage or injury while participating in a church-sponsored student activities.

I further agree to notify the student ministry director of any health changes that would restrict my student's participation in any normal student activities. I also understand that the student ministry leader and designated adult chaperone(s) reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

\_\_\_\_\_  
 Parent or Legal Guardian Signature

\_\_\_\_\_  
 Date