



GSC Awana Club  
 September 2021 to June 2022  
 Fridays 7:00 pm to 8:30 pm

Anglican Network Church of the Good Shepherd  
 189 West 11<sup>th</sup> Avenue, Vancouver, BC, V5Y 1W8  
 Tel: 604-872-1884

### Registration and Consent Form

#### Clubbers' Information – Each Clubber will need to be in kindergarten in September 2021

**Child #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Christian: YES  NO   
 Date of Birth: \_\_\_\_\_ Gender: Female  Male  B.C. Personal Health #: \_\_\_\_\_  
DD / MMM / YYYY  
 Grade Entering Fall 2021: \_\_\_\_\_ Pre-school/Elementary School: \_\_\_\_\_  
 Allergies/ Medical Conditions / Current Medication / Other Needs: \_\_\_\_\_

**Child #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Christian: YES  NO   
 Date of Birth: \_\_\_\_\_ Gender: Female  Male  B.C. Personal Health #: \_\_\_\_\_  
DD / MMM / YYYY  
 Grade Entering Fall 2021: \_\_\_\_\_ Pre-school/Elementary School: \_\_\_\_\_  
 Allergies/ Medical Conditions / Current Medication / Other Needs: \_\_\_\_\_

**Child #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Christian: YES  NO   
 Date of Birth: \_\_\_\_\_ Gender: Female  Male  B.C. Personal Health #: \_\_\_\_\_  
DD / MMM / YYYY  
 Grade Entering Fall 2021: \_\_\_\_\_ Pre-school/Elementary School: \_\_\_\_\_  
 Allergies/ Medical Conditions / Current Medication / Other Needs: \_\_\_\_\_

**Child #4**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Christian: YES  NO   
 Date of Birth: \_\_\_\_\_ Gender: Female  Male  B.C. Personal Health #: \_\_\_\_\_  
DD / MMM / YYYY  
 Grade Entering Fall 2021: \_\_\_\_\_ Pre-school/Elementary School: \_\_\_\_\_  
 Allergies/ Medical Conditions / Current Medication / Other Needs: \_\_\_\_\_

#### Parent/Guardian Information

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Christian: YES  NO   
 2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Christian: YES  NO   
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Emergency Contact (during Awana): \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name of person(s) authorized picking up child: \_\_\_\_\_  
 Home Church: Church of the Good Shepherd  None  Other: \_\_\_\_\_  
 Would you like to know more about Church of the Good Shepherd by e-mail? YES  NO

**WAIVER, MEDICAL RELEASE, AND CONDITIONS OF ENROLLMENT**

**PROGRAM NAME: 2021-2022 Awana Club at Anglican Network Church of the Good Shepherd**

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

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

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

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

- I consent to my child's/children's participation in the above program. I am aware that there are risks associated with participation in the above program, including the risk of injury, and
- I consent to my child's/children's participation in spite of such risks.
- I acknowledge that additional cost will be incurred in addition to the initial Registration fee of \$10.00 per child:
  - a nightly due of \$0.50 per child for each time a child attends an Awana Club night,
  - a handbook fee when a child completes a Start Zone booklet or a previous handbook,
  - a uniform fee when a child completes a Start zone booklet for the first time, moves to a new age group, or requires to purchase a new uniform.
- I acknowledge that it is my responsibility to advise the Church of any medical or other conditions that may affect my child's/children's participation in the above program.
- In the event that my child/children require medical attention, I consent to my child/children being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any cost of such ambulance service.
- Photographs and videos are a great way to promote and share the church's events and activities. We especially like to include images of our congregation members within various print and online media. However, not everyone appreciates being photographed or filmed, so we want to ensure that the privacy and wishes of all are respected.

Permission is hereby \_\_\_\_\_ (please check appropriate box below) \_\_\_\_\_ for the Church to take and use photographs and videos for display, promotion, outreach, educational purposes in any and all church records, publication and online web content.

Granted <input type="checkbox"/>	or	Denied <input type="checkbox"/>	for Child #1
Granted <input type="checkbox"/>	or	Denied <input type="checkbox"/>	for Child #2
Granted <input type="checkbox"/>	or	Denied <input type="checkbox"/>	for Child #3
Granted <input type="checkbox"/>	or	Denied <input type="checkbox"/>	for Child #4

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

- I have read this Parental Consent Form and understand and accept its terms.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

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

Please return the completed form in-person to the church office or by email to Karen Lok, Awana Club Director, at thekarenlok@gmail.com.

**For Office:**  
**Number of Children Registered on Form:** 1 / 2 / 3 / 4

**Amount received:** \_\_\_\_\_  Cash  Cheque by \_\_\_\_\_ dated \_\_\_\_\_