

KEYPORT BIBLE CHURCH

AWANA PROGRAM

September 13, 2023 - May 22, 2024

6:22 pm - 8:00 pm

Thank you for registering for this years' Keyport Bible Church AWANA program. We look forward to a year full of Bible learning, fun, and excitement! ***Registration is open to children 3 years - 6th grade.***

As always, the safety and wellbeing of your child(ren) is our main concern, parents please take note of the following:

1. **All children must be checked in and picked up by a parent or guardian.** Please park your vehicle and walk your child to the check in table which will be set up and located just inside the multi-purpose building (Cubbies are checked in and released from classroom).
2. **Children must be picked up by parent or guardian listed on the emergency data form.**
3. **Children participating in Cubbies must be restroom trained.**
4. **Please do not bring your child(ren) earlier than 15 minutes prior to start time** as there will not be adult supervision before this time. All volunteers will be busy preparing and receiving their instructions for club time.
5. **Behavior.** We expect all children to be on their best behavior. First and second violations will result in a warning. Third violation will result in a parent conference. Fourth violation, you will be asked to pick up your child and he/she will be ineligible to participate for the remainder of the program.
6. **Please be considerate of volunteer's time and arrive to pick up your child(ren) at 8:00 PM. Children will not be released to anyone not listed on the emergency form.**
7. **Toys, electronics, etc. leave at home.** Your children will be busy with activities throughout the evening. Your child will be supplied with all the materials he/she will be using each day, leave all toys, electronics, food items, at home as they can be a distraction.

Keyport Bible Church

EMERGENCY DATA FORM

While your child is participating in the AWANA program at Keyport Bible Church, in the event of an emergency, a parent or designated parent alternate must be reached at the following telephone number(s).

Cell Number: _____ Parent/Guardian: _____

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In the event that I cannot be reached, I authorize the following individual to act on my behalf.

Name of parent alternate: _____

Parent alternate telephone number: _____

Relationship to child: _____

Does this child have any medical conditions, disabilities, and/or food or drug allergies?

() Yes () No

If yes, please be specific: _____

Authorization of Consent to Treatment of Minor

In the event of an illness or injury and a parent or designated alternate cannot be reached by the staff of the AWANA program, I hereby authorize Keyport Bible Church ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the provisions of RCW 18.71 Physicians, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I understand that Keyport Bible Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

Release of Keyport Bible Church

I shall indemnify, hold free and harmless, assume liability for, and defend the Keyport Bible Church and its agents, servants, employees, officers, and directors from any other sums which the Keyport Bible Church, on the basis of assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of use of real or personal property belonging to the Keyport Bible Church and its agents, servants, employees, officers, and directors, or action or omission by the minor.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Keyport Bible Church
FOOD PERMISSION FORM

As part of the AWANA program snacks (food and/or beverage) may occasionally be provided. Permission is required for students to receive these snacks. Please provide the following:

I, the parents/guardian of _____ will allow my child to participate in snacks on occasion during the AWANA program. I hereby release and save harmless the institution, specifically Keyport Bible Church, their staff, and volunteers from any and all liability for any and all injury that may occur as a result of receiving and ingesting snacks during the AWANA program.

Food allergies or food limitations my child has: _____

PARENT SIGNATURE: _____

DATE: _____

KEYPORT BIBLE CHURCH

OPT OUT FOR USE OF MEDIA

Throughout the year, we capture various media of our youth during our events and meetings such as photography or video. At times, we like to use the media for promotion in our printed or electronic publicity sites such as Facebook, our website, slide shows, or church bulletins, in order to show the great things we are doing. If you do not want your child's image used, please fill out this form.

No, I do not authorize you to use media taken of my child that will be used for various church related publications and church approved web pages.

CHILD'S NAME (Please print): _____

PARENT/GUARDIAN NAME (please print): _____

PARENT/GURARDIAN SIGNATURE: _____

DATE: _____