



**United Community Church**

2411 Heath Road  
Macon, GA 31206  
478-475-5012  
uccmacon.com

**TruthSeekers**

**AWANA  
ENROLLMENT  
FORM**



*Please fill out one per child.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

School \_\_\_\_\_ Grade (As of Aug. 2017): \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Parent/Guardian Information**

Child lives with: mother father both other \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information** (Someone other than parents named above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Any Special Concerns: \_\_\_\_\_

Who may pick up your child: \_\_\_\_\_

<b>Cubbies</b> <b>Ages: 3-4</b>	<b>Sparks</b> <b>Grades: K-2</b>	<b>Truth and Training</b> <b>Grades: 3-5</b>
T-shirt Size Please circle size needed below	T-shirt Size Please circle size needed below	T-shirt Size Please circle size needed below
Toddler Size 2 Toddler Size 3 Youth Small Youth Medium Youth Large Youth X-Large Youth XX-Large	Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X- Large	Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X- Large

**\* Your child's first t-shirt will be given to them. If their first shirt gets lost or damaged, you will be responsible for purchasing a replacement shirt for your child.**

# TREEHOUSE CHILDREN'S MINISTRY

## Parent Consent- Release Form and Medical Treatment

Effective July 2017- July 2018

My son/daughter \_\_\_\_\_ has my permission to attend any United Community Church sponsored activities, this includes, but is not limited to: Awana Club, Mission Kids, Sunday School, Children's Church activities.

1. Release of liability: I understand and do hereby agree assume all of the risks and other related risks which may be encountered by my son/daughter participating in Awana or other Treehouse Ministry events/activities and transportation to and from the area. We do hereby release, absolve, indemnify, and hold harmless United Community Church-it's employees, organizers, sponsors, and volunteers appointed by them from any and all loss, or other damage to use or the above named child arising on the property or from any off site activities. In the case of injury to the child, we hereby waiver all claims against United Community Church - employees, organizers, sponsors, and volunteers appointed by them. We likewise release from responsibility any person transporting my child to and from any activities.

2. Photo Release: I give permission for my child's photo, which may be taken to appear on the church websites and Facebook page, and also be used for publicity or display purposes

3. Consent to Medical Treatment: If I or the authorized physician cannot be reached at the event my child becomes ill or injured, I give permission for a representative of United Community Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drug or medicine under the care of a licenses physician and/or surgeon. My signature serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named child. I also consent to any emergency medical treatment.

4. If there is a behavior problem with my child that cannot be resolved by the staff of United Community Church, I welcome a call and, if requested, will arrange for their immediate transportation from the activity.

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

\_\_\_\_\_  
Date

### INSURANCE INFORMATION

Name of Insured: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_

List any specific medical allergies, chronic illnesses or other conditions

\_\_\_\_\_  
\_\_\_\_\_  
\*\*Please return a copy of the child's Insurance Card with this form.