

Trek/Journey Registration 10-11

Student Name: _____

- ◆ Complete a separate form for **each Student** in **BLACK INK**.
- ◆ **MAKE A SEPARATE PAYMENT FOR EACH STUDENT.**
- ◆ **Registration & Book fee MUST accompany each registration form.**
- ◆ Staple check/cash to each form **before submitting.**
- ◆ Make checks payable to Shadow Mountain Community Church (SMCC).
- ◆ Please print neatly and check (✓) the age/grade your Student is entering.

Trek—Room 14
5:45-7:15 PM, Sundays
Starts September 12

Journey—Room 10
5:45-7:15 PM, Sundays
Starts September 12

TREK	
Grades 6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
Registration & Book	\$35.00
TOTAL	<input style="width: 80px; height: 20px;" type="text"/>

JOURNEY	
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
Registration & Book	\$45.00
Journey requires service in some ministry of the church, please indicate here what that service will be: _____	

TOTAL	<input style="width: 150px; height: 25px;" type="text"/>

For Official Use Only

By: _____ Total Paid: _____ Date: _____ Check # _____ Cash _____

PLEASE COMPLETE REVERSE SIDE

Student Ministries AWANA Parent Permission and Release Form

Shadow Mountain Community Church
2100 Greenfield Dr. El Cajon, CA 92019 (619) 440-1802

STUDENT NAME _____ HOME PHONE _____
ADDRESS _____ BIRTHDATE _____
CITY _____ ZIP _____ GRADE _____
STUDENT EMAIL _____ MOBILE PHONE _____
FATHER'S NAME _____
FATHER'S EMAIL _____ MOBILE PHONE _____
MOTHER'S NAME _____
MOTHER'S EMAIL _____ MOBILE PHONE _____

Authorization of Consent to Treatment of Minor

(I) (We), the undersigned, parent (s) of _____, a minor, do hereby authorize Shadow Mountain Community Church Student Ministries 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 general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, 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 being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through the above named minor's year of school 2010-2011, unless sooner revoked in writing delivered to Shadow Mountain Community Church (Attn: Youth Pastor).

Emergency Contact _____ Phone(____) _____
Family Doctor _____ Phone(____) _____
Insurance Co. _____ If none, state none here _____
Policy # and Group # _____
Known Medical Conditions _____
Medications? _____
Allergies? _____
Last Tetanus Immunization? _____ Contact Lenses? _____ Will Allow Blood Transfusions? Yes ___ No ___

I agree to allow my child's photograph to be taken while participating in any AWANA program. These photos may be used for promotional and informational purposes including display on the Student Ministries website. Please notify the Youth Pastor in writing if you object to your child(ren) being photographed.

Release of the Shadow Mountain Community Church

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Shadow Mountain Community Church and its affiliate corporations, its agents, servants, employees, officers, and directors from any other sums which the arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to Shadow Mountain Community Church and its affiliate corporations, name.

Parent signature _____

PLEASE COMPLETE REVERSE SIDE