Mountain View Chinese Christian Church Awana Registration (2013-2014)

Father's Name		中文姓名	各
Father's Email		Father's	Cell
Mother's Name		中文姓名	
Mother's Email		Mother's Cell	
Address		Home phone	
Does your family attend MVC	CC?		
If so, which fellowship?			
Children's Information			
#1 Name(First)	(Last)		Grade (Sept. 2013)
Gender Date of	Birth	_ Allergies _	
#2 Name(First)	(Last)		Grade (Sept. 2013)
Gender Date of		_ Allergies _	·
#3 Name			Grade (Sept. 2013)
Gender Date of	(Last)		
#4 Name(First)	(Last)		Grade (Sept. 2013)
Gender Date of	Birth	_ Allergies _	
Registration fee : \$30.00/child no friends). Please make check paya	· ·	on-refundable on a n	nd after 9/14/2013 (still \$30 for new
Check#:	Cash:		
Received Date:			

Mountain View Chinese Christian Church MEDICAL and LIABILITIES RELEASE FORM

My son(s)/daughter(s)	,,, has
	t Mountain View Chinese Christian Church from September 2013 to
May 2014. Pursuant to the provisions of Section 25.	8 of the California Civil Code, I hereby authorize Mountain View
Chinese Christian Church to procure medical or hos	pital care for my child in the event of injury or illness. I understand
and agree that I am financially responsible for any c	are so procured. I UNDERSTAND AND DO HEREBY AGREE TO
ASSUME ALL OF THE RISKS AND OTHER RE	LATED RISKS WHICH MAY BE ENCOUNTERED BY MY
SON/DAUGHTER PARTICIPATING IN THE AB	OVE ACTIVITY. I agree that I hereby hold harmless and waive any
and all claims against Mountain View Chinese Chri	stian Church, its staff, and leaders for any accident, bodilyor persona
injury, damage to or loss or theft of any property, ill	ness, or death of any person, including without limitation demands,
liabilities, damages, judgments, losses, costs, expen-	ses and/or penalties, including attorneys' and consultants' fee and
3 2	sponsored by Mountain View Chinese Christian Church.
	HE FORGOING RELEASE AND KNOW THE CONTENTS
THEREOF AND IS SIGNING THIS RELEASE AS	
This is a legally binding agreement which I have rea	ad and understand.
Signature:	Date:
Print Parent/legal Guardian's Name:	
Home Phone:	Cell Phone:
In emergency, notify	Relationship
Day Phone	Night Phone
Family Doctor City	Phone
Health Insurance Provider	Policy #
Address	Phone
Name of Main Insured	Subscriber #