## Mountain View Chinese Christian Church Awana Registration (2018-2019)

Father's Name			中文姓名	
Father's Email			Father's Cell	
Mother's Name				名
Mother's Email			Mother'	s Cell
Address			Home p	hone
Does your family a	ttend MVCCC?			
If so, which fellowship?				Room #
Children's Info	rmation			
#1 Name(First)	)	(Last)		Grade (Sept. 2018)
Gender	Date of Birth		Allergies _	
#2 Name(First)	)	(Last)		Grade (Sept. 2018)
Gender	Date of Birth		Allergies _	
#3 Name(First)	)	(Last)		Grade (Sept. 2018)
Gender	Date of Birth		Allergies _	
#4 Name(First)	)	(Last)		Grade (Sept. 2018)
Gender	Date of Birth		Allergies _	
<b>Registration fee</b> : \$50 (still \$40 for new frie				ild non-refundable on and after 9/08/2018
Check#:		Cash:		
Received Date: _				

## Mountain View Chinese Christian Church MEDICAL and LIABILITIES RELEASE FORM

My son(s)/daughter(s),,	,,
has (have) my permission to attend AWANA program	at Mountain View Chinese Christian Church from September 2018
*	8 of the California Civil Code, I hereby authorize Mountain View
	al care for my child in the event of injury or illness. I understand
	so procured. I UNDERSTAND AND DO HEREBY AGREE TO
	TED RISKS WHICH MAY BE ENCOUNTERED BY MY
	E ACTIVITY. I agree that I hereby hold harmless and waive any
	an Church, its staff, and leaders for any accident, bodily or personal
injury, damage to or loss or theft of any property, illness	ss, or death of any person, including without limitation demands,
liabilities, damages, judgments, losses, costs, expenses	and/or penalties, including attorneys' and consultants' fee and
disbursements, which arise out of joining AWANA spo	onsored by Mountain View Chinese Christian Church.
I further state that I HAVE CAREFULLY READ THE	FORGOING RELEASE AND KNOW THE CONTENTS
THEREOF AND IS SIGNING THIS RELEASE AS A	N ACT OF MY OWN FREE WILL.
This is a legally binding agreement which I have read a	and understand.
Signature:	Date:
Signature:	Date:
Print Parent/legal Guardian's Name:	
Home Phone:	Cell Phone:
In emergency, notify	Relationship
Day Phone	Night Phone
Family Doctor City	Phone
Talling Doctor City	1 Hone
Health Insurance Provider	Policy #
Address	Phone
Name of Main Insured	Subscriber #