

# Wednesdays 6 - 7:30PM @ the Y

709 1st Ave, Rochester, MN 55902

## Registration Form

**The cost of Awana is \$35 per child.**

Need based scholarships are available,  
contact [carson@newdaycov.org](mailto:carson@newdaycov.org) for a scholarship application.



### Registration Information

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please indicate any medical conditions or allergies \_\_\_\_\_

### Image Release

While attending Awana at the Y, NewDay Covenant Church staff may take photographs and videos of Awana Participants as they engage in activities. These photographs and videos may be used on the NewDay website, in newsletters, emails, brochures, pamphlets, NewDay social media, etc.

**I have read the above description and give my consent for the use of images and video as indicated above.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Release

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases NewDay Covenant Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized NewDay Covenant Church Awana. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release NewDay, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by NewDay, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by ministry staff.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_