

OVERLAND HILLS CHURCH REGISTRATION & PERMISSION FORM 2023 – 2024

Date

Annual Dues: \$1.2	5 per clubber	per night of club
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or if paid at the time of registration:

\$35.00 for 1st child, \$32.50 for 2nd child, \$30.00 for 3rd child, all other children in family are \$25.00

Hills Facebook page. Parent's Signature: Date:				CI LIDDED INIEC	DMATION				
Last Name	(Dlanca Dri	nt)	Child 1		1	Child 4	Child 5		
First Name Image: Second Grade		iii <i>)</i>			Cillia 5				
Date of Birth									
Boy or Girl									
School Grade									
Completed AWANA Image: Completed by AWANA secretaries during registration Learning Difficulties Image: Completed by AWANA secretaries during registration Club/Book Image: Completed by AWANA secretaries during registration Club Complexity Street First Name Street Cell Phone Zip Work Phone Image: City, State Church Currently Attended by your Family If registered for AWANA at OHC last year, is all contact information the same? Yes / No EMERGENCY CONTACT INFORMATION Please, list TWO alternate contacts available on Wednesdays or emergencies. Name Phone Phone Phone Image: City Street I understand that as a participant, my child may be photograp									
Books Image: Second secon		7 4 3 7 4							
Learning Difficulties To be completed by AWANA secretaries during registration Club/Book Image: Completed by AWANA secretaries during registration Club/Book Image: Completed by AWANA secretaries during registration Club/Book Image: Completed by AWANA secretaries during registration Uniform Size Image: Completed by AWANA secretaries during registration CONTACT INFORMATION CONTACT INFORMATION Image: Completed by AWANA secretaries during registration CONTACT INFORMATION Image: Completed by AWANA secretaries during registration CONTACT INFORMATION Mother Father First Name City, State Cell Phone Zip Work Phone e-mail Home Phone Church Currently Attended by your Family If registered for AWANA at OHC last year, is all contact information the same? Yes / No EMERGENCY CONTACT INFORMATION Please, list TWO alternate contacts available on Wednesdays or emergencies. Name Phone Phone Phone Phone Phone Phone Phone Phone Signature:	-	VANA							
To be completed by AWANA secretaries during registration Club/Book Image: Contract information Uniform Size Image: Contract information CONTACT INFORMATION Image: Contract information Mother Father Family Address Last Name Street Family Address First Name City, State Image: City, State Cell Phone Zip Image: City, State Work Phone c-mail Image: City, State Church Currently Attended by your Family Image: Contact information the same? Yes / No EMERGENCY CONTACT INFORMATION Please, list TWO alternate contacts available on Wednesdays or emergencies. Name Name Phone PHOTOGRAPHY/VIDEOGRAPHY RELEASE I understand that as a participant, my child may be photographed or videotaped during normal meetings or special events. I understand that the videos or photographs may be used in promotional materials for Overland Hills Church and on the Overland Hills Facebook page. Date: Parent's Signature: Date: AWANA meets weekly on Wednesday night. This release is for both Wednesday night meetings and any sanctioned AWANA outing, which leaves the premises of Overland Hills Church.	BOOKS								
Club/Book Image: Contract information Uniform Size Image: Contract information Mother Father Father Family Address Last Name Street First Name City, State Cell Phone Zip Work Phone c-mail Home Phone c-mail Church Currently Attended by your Family If registered for AWANA at OHC last year, is all contact information the same? Yes / No EMERGENCY CONTACT INFORMATION Please, list TWO alternate contacts available on Wednesdays or emergencies. Name Name Phone Phone PHOTOGRAPHY/VIDEOGRAPHY RELEASE I understand that as a participant, my child may be photographed or videotaped during normal meetings or special events. 1 understand that as a participant, my child may be used in promotional materials for Overland Hills Church and on the Overland Hills Facebook page. Parent's Signature: Date: AWANA meets weekly on Wednesday night. This release is for both Wednesday night meetings and any sanctioned AWANA outing, which leaves the premises of Overland Hills Church.	Learning Diffi	culties							
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Overland Hills Church ~ 11151 S 90th St, Papillion, NE 68046 ~ (402) 331-3626 Updated 8/15/2023	AWANA meets weekly on Wednesday night. This release is for both Wednesday night meetings and any sanctioned AWANA outing, which leaves the premises of Overland Hills Church.								

MEDICAL EMERGENCY FORM								
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(Please Print)	Child		Child 2	Child 3	Child 4	Child 5		
Last Name	Ciniu	. 1			Cillia 4			
First Name								
Date of Birth								
Date of Last Tetanus								
Shot								
List Food Allergies								
List Medical Conditions								
Needed Medication info								
	1							
		IN	SURANCE INF	FORMATION				
Insurance Co.				Policy No.				
Preferred Local Hospital	1							
Policy Holder's Name								
Policy Holder's Address								
Policy Holder's City/Sta								
Policy Holder's Phone N								
Physician Name				Physician's Phone				
Physician's Address/City	v/State							
	, 							
ADDITIONAL INFORMATION:								
PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR(S)								
I,, the undersigned parent or person having legal custody or the legal guardian of the above named minor(s) give permission for the above named minor(s) to participate in the following AWANA program, and do hereby authorize any sponsor appointed or associated with the Overland Hills Church AWANA Program to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named								
minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the								
state they practice in. In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, in such situations I will not be able to knowledgeably								
evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risk attenuate upon each,								
and the risk attenuate to forgoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risk incident to and choose the necessary treatment from any available alternatives and to								
render such care and perfor	rm such treat	tment as l	he in his profession	al judgment determine	es to be necessary for th	he health and		
safety of the above named the church or any of the wo					the church's insurance	. I will not hold		

(Signature of parent or legal guardian)