



2018-2019

REGISTRATION AND RELEASE FORM

**Registering for:**

Cubbies-age3/JK

Sparks-GrSK/1/2

Gr. 3-5 girls/boys

Name of AWANA Clubber: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/guardian email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Church: \_\_\_\_\_

Current Book Level / or New Clubber: \_\_\_\_\_

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where the child attends AWANA club from any liability therefore.

Names of Parent(s) or Guardian(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illness, other conditions: Yes / No

If yes, please describe \_\_\_\_\_

**Other Contact in Case of Emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian

- Yes, I give permission for my child to be photographed by Maple Hill Baptist Church for display purposes.
- No, I would prefer that my child not be photographed.