CLUBBER REGISTRATION (One Registration Form per child)

Name of Clubb	oer:				
(First Name)			(Last Name)		
Address:					
(Stre	et)				
(City)		(State)		(Zip)	
Birthday:	·		_ Age:	Male/Female	
(mo.)	(date)	(yr.)			
School:				Grade:	
Mom's: Name:	:				
Home Phone:			Cell Phone:		
E-Mail	Address:				
Dad's: Name:					
Home Phone:			Cell Phone:		
E-Mail	Address:				
Names of Sibli	ings Attending A	Awana:			
Church: Allergies:					
EMERGENCY	CONTACT (ot	her than pare	ent)		
Name:			Phone:		
Contact's relat	ion to minor: _				
Parent's Signature:				_ Date:	
boards, slide s	eral photos of chows, church w	vebsite, etc).		in various ways (bulletin	

Office Use Only
Paid for 2016-17 year:

AWANA CLUB ACTIVITY PERMIT

First Baptist Church, Medford, WI

FOR ALL AWANA EVENTS & GAMES, 2016-17 CLUB YEAR

As a parent and/or guardian, I do authorize the treatment by a qualified and licensed medical doctor to 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.

Name of Minor:
Relationship of minor to you:
Parent's Name(s):
Phone 1: Phone 2:
Medical Information
Physician: Phone:
Insurance Provider:
Does your child have any medical allergies, food allergies, chronic illness, or other conditions? If so please list:
Date of last tetanus shot:
Emergency Contact
Name:
Relation to Minor:
Phone 1: Phone 2:
This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances only, in my absence.
Signed:
Father, Mother or Legal Guardian Date