

AWANA REGISTRATION FORM, 2017-18
ULTIMATE ADVENTURE (Grades 3 & 4 Boys & Girls)

Laveen Baptist Church
AWANA CLUBS

Childs First Name _____ Last Name _____ Today's Date _____

"Goes By" Name _____ Boy () Girl () Birthday (mm/dd/yy) _____ Age _____

Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home _____ Phone Cell or other phone _____

E-mail address _____ Home Church _____

Mother's Name _____ Lives with Mother () Yes () No

Father's Name _____ Lives with Father () Yes () No

MEDICAL PERMISSION SLIP

To Whom It May Concern:

As a parent and/or guardian of the above named, I do herewith authorize treatment under the direction of any licensed physician of the above named 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 the phone numbers listed above. The undersigned assumes responsibility for any costs connected with such treatment, and hereby released the church where the child attends Awana club from any liability therefore.

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.

Printed Name of Parent/Guardian: _____

Signature: _____ Phone: _____

Other person to contact in case of emergency if you cannot be reached:

_____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance Name: _____ Last Tetanus Shot: _____

Any allergies, illnesses or other conditions to be aware of? Yes () No ()

OTHER GREAT INFO FOR THIS CHILD

Do you have other family members attending here, too? Yes () No () If yes, Please check appropriately.

Adult () Leader () Adult Study () Youth ()

Puggles () Cubbies () Sparks () Ultimate Adventure-Grades 3-4 () Ultimate Challenge-Grades 5-6 ()