



HOPEWELL BAPTIST CHURCH
AWANA CLUBS REGISTRATION FORM



Childs name: _____ Child's Birth date: ____/____/____ Child's Age: _____

Street Address: _____ Child's Grade: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Name _____ Cell Phone: _____ Name _____

Mother's Name _____ email address: _____

Father's Name _____ email address: _____

Name(s) of Brother(s) or Sister(s) in AWANA: _____

WHERE TO FIND US DURING AWANA CLUB TIME

I'm an AWANA Leader/Helper Church Home Cell Other _____

IN AN EMERGENCY

Allergies (food and medication): _____ Doctor: _____

Medications: _____ Dr's Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Insurance Company: _____ Policy Number: _____

By signing below, I certify the information above is correct. As a parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical personnel of the above named person in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. However, I understand this authority is granted only after a reasonable effort has been made to reach the parent and/or guardian.

This release will be in effect on the dates starting September 1, 2014 and continuing until August 31, 2015. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company, as named above, to be billed for any and all medical fees and services should they be needed and to release employees and charters of AWANA Clubs International and/ Hopewell Baptist Church from this liability.

Signature of Parent or Guardian

Date