



Registration/Medical Release Form

(For club meetings and all supervised Awana outings)

Bethel Baptist Church, Fredericksburg, VA (540) 371-3650

CLUB Cubbies (3-4 yrs) K-Sparks 1st-2nd Sparks T&T Girls (3rd-5th) T&T Boys (3rd-5th)

Transfer from _____ Awana club. Please provide proof of completed books.
Name of church

PLEASE PRINT IN INK

Clubber's Legal Name _____ Nickname _____
First Middle Last

Gender: M F Date of Birth: ____/____/____ Age: ____ Grade: ____ School: _____
Month Day Year

Family Church: _____ Clubber's email: _____

Home Phone: () _____ Parent's email: _____

Home Address: _____
Number & Street City Zip Code

Mailing Address (if different): _____
P.O. Box or Street City Zip Code

MEDICAL INFORMATION

Doctor: _____ Address: _____ Phone () _____

Health Insurance Carrier: _____ Policy Number: _____

Specific medical allergies, chronic illnesses, or other conditions: _____

Date of last tetanus inoculation: _____
Month/Year

PARENT / GUARDIAN / FAMILY INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Name: <small>(first, last)</small> _____	
Home Phone () _____	Cell Phone () _____
LIVING WITH CLUBBER	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Name: <small>(first, last)</small> _____	
Home Phone () _____	Cell Phone () _____
LIVING WITH CLUBBER	<input type="checkbox"/> Yes <input type="checkbox"/> No

In case I/we cannot be reached during an emergency, I/we the undersigned give permission for my/our child to be treated by a licensed physician if this emergency might endanger his/her life and/or cause disfigurement, physical impairment or undue discomfort by delaying treatment. Said physician is to administer whatever care is necessary, including anesthesia. The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Awana Clubs International, Bethel Baptist Church of Fredericksburg, Virginia and the driver of any vehicle transporting my child to a supervised Awana outing, from liability. This release form is completed and signed of my/our own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my/our absence.

Father/Guardian Signature Date Mother/Guardian Signature Date

In the event a parent or guardian cannot be reached in an emergency situation, please contact:

Name: _____ Relationship: _____ Phone: () _____
Name: _____ Relationship: _____ Phone: () _____