

First Baptist Church Quitman
AWANA CLUBS REGISTRATION FORM 2010-2011



Please Print—One for per each child enrolled

Child's Name: _____

Child's Birth Date: ____/____/____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent's / Guardian's name(s): _____

Other Phone: _____ Church Membership: _____

Special Needs / Provisions: _____

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 Phone Other _____

IN AN EMERGENCY

Allergies: _____

Doctor: _____ Dr's Phone: _____

Medications: _____

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 8, 2010 and continuing until August 31, 2011. 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 serve 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/ First Baptist Church Quitman from this liability.

SIGNATURE OF PARENT /GUARDIAN

DATE