



HOPEWELL BAPTIST CHURCH  
AWANA CLUBS REGISTRATION FORM

Child's name: \_\_\_\_\_ Child's Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Name \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Name \_\_\_\_\_

Parent's/Guardian's name(s): \_\_\_\_\_ 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: \_\_\_\_\_ 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, 2011 and continuing until August 31, 2012. 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/GUARDIAN**

\_\_\_\_\_  
**DATE**