

CUBBIES AWANA REGISTRATION FORM 2018-2019

*NAME _____
*ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
*TELEPHONE NUMBER (HOME) _____ (CELL) _____
*FAMILY EMAIL ADDRESS _____
*PARENTS/GUARDIANS _____
*BIRTHDAY & AGE _____
*GRADE _____
*CHURCH _____

AWANA CLUB ACTIVITY PERMIT

FELLOWSHIP BIBLE CHURCH

LONGVIEW, TEXAS

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do hereby Fellowship Bible Church Awana leaders to administer first aid and to obtain and consent to on my behalf any emergency first aid or medical care by any physician or hospital for my child(ren) listed on this form. I agree to abide and be bound by such decisions and consents as if made by me. I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary with respect to the treatment of my child(ren) listed above. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where child attends Awana Club from any liability therefore.

Media Release

I understand that at this event or related activities, my Child may be photographed. I agree to allow my Child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

PRINTED NAME & SIGNATURE _____
RELATIONSHIP TO CHILD _____
FAMILY PHYSICIAN & HOSPITAL _____ PHONE _____

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESSES, OR OTHER SPECIAL NEEDS _____

OTHER CONTACT IN CASE OF EMERGENCY* (someone who does not live in the immediate household)

NAME _____ RELATIONSHIP _____
PHONE _____
DATE OF LAST TETANUS SHOT IF KNOWN _____

* Email address is important as most communications are sent out per email to families.