

**AWANA CLUB #US003838 ACTIVITY PERMIT/MEDICAL RELEASE and REGISTRATION INFORMATION FORM**

**Evangelical Free Church of Arthur  
EVENTS: Club nights for the 2017-2018 season  
and Awana-Sponsored Events**

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

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.

**Print Legibly**

Clubber -Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell phone #-1 \_\_\_\_\_ Name \_\_\_\_\_

Receive text messages \* YES NO (circle one) carrier \_\_\_\_\_

Ex. Verizon, US Cellular, Sprint, T-mobile, AT&T, Alltel, Voicestream, Nextel

Cell Phone #-2 \_\_\_\_\_ Name \_\_\_\_\_

Receive text messages \* YES NO (circle one) carrier \_\_\_\_\_

Ex. Verizon, US Cellular, Sprint, T-mobile, AT&T, Alltel, Voicestream, Nextel

Parents/Guardians \_\_\_\_\_

e-mail #1 \_\_\_\_\_

Receive e-mail communication\* YES NO (circle one)

e-mail #2 \_\_\_\_\_

Receive e-mail communication\* YES NO (circle one)

\*Email and txt messaging will be primarily used for AWANA announcements, notices regarding cancellations, and important information regarding AWANA

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ Date signed \_\_\_\_\_

Father - Mother - Legal Guardian