

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

Evangelical Free Church of Arthur

**EVENTS: Club nights for the 2016-2017 season,
Awana Quizzing, Awana Games and/or Sparks-A-Rama and Practices and
any other Awana-Sponsored Event**

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