

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

Evangelical Free Church of Arthur EVENTS, Club nights for the 2019-2020 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** \_\_\_\_\_ **Birth day** \_\_\_\_\_

**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, StraightTalk

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

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

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

**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 text 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

**Photo Release Form for Minors (if under 18)**

The Evangelical Free Church of Arthur has my permission to use my or my child's photograph publicly to promote the church activities. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. The Evangelical Free Church of Arthur will never publish a child's name with any of its publications. No names will be used to identify the child. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's signature:** \_\_\_\_\_ **Date signed** \_\_\_\_\_