

LAST NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ CUBBIE SPARK T&T (Circle one)

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

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CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ CUBBIE SPARK T&T (Circle one)

PARENT/GUARDIAN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

As a parent/guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor(s) 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 Morgan Hill Bible Church from any liability incurred while participating in an Awana Club activity.

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

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

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

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. Dates covered by this release:

**September 2009 through May 2010.**

Signed \_\_\_\_\_ Phone \_\_\_\_\_

Father - Mother - Legal Guardian

# AWANA CLUB REGISTRATION & ACTIVITY PERMIT