



# Awana Registration 2019/2020



## Clubber Information

Clubber Last Name		First Name	
Address		City	Zip
Grade in Fall 2019	Birth Date	Age	Clubber is a (circle one) reader / non-reader
Allergies?			
Medical conditions/special instructions?			
Enrolling In (circle one):  2 Yrs B4 K  Grade K - 2  Grade 3 - 6			

## Parent/Guardian Information

Parent/Guardian Last Name		First Name	
Address		City	Zip
Home Phone	Cell Phone	Church	
Email			
Parent/Guardian Last Name		First Name	
Address		City	Zip
Home Phone	Cell Phone	Church	
Email			

## Others Authorized to Pick Up (Not Listed Above)

Name	Relationship	Phone
Name	Relationship	Phone

## Consent and Medical Release

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, an/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us (me), the parent(s), and/or guardian(s).

We (I) the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release will be in effect starting **9/12/19** and continuing until **5/7/20**. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature also serves to indicate my willingness for my Health Insurance Company \_\_\_\_\_ policy # \_\_\_\_\_ to be billed for any and all medical fees and services should they be needed. **Pediatrician name is** \_\_\_\_\_.

We (I) hereby release Clayton Valley Church and Awana Clubs International from this liability.

The undersigned does hereby release and agree to hold harmless Clayton Valley Church and Awana Clubs International and their directors, employees, agents, or representatives from any and all liabilities or claims for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the above named camp program and its activities.

\_\_\_\_\_ (Parent/Guardian Signature)      \_\_\_\_\_ (Parent/Guardian **Print Name**)      \_\_\_\_\_ (Date)

<b>Office Use:</b>	Sticker St.:	Master File:	Dues PD:	Supplies PD:	
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