



GBC AWANA Registration/Medical Release Form

Parent/Legal Guardian Information

PLEASE PRINT ALL INFORMATION

Name of Parent/Guardian:		Relationship to child:	Home Phone:
Street Address:		City:	Zip Code:
Mobile Phone:	Is it ok to text you? <input type="checkbox"/> Yes <input type="checkbox"/> Group <input type="checkbox"/> No	Email:	

Emergency Contact (other than parent)

Emergency contact:	Relationship:	Phone:
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Clubber information

Name of child #1:	<input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Grade: _____ Birthday: _____	Club: ___ Cubbies (Age 4 - K) ___ Sparks (1st - 3rd) ___ T&T (4th - 6th)
Allergies: State none (if none) or special information (medical issues, medications, activity restrictions):		OR I'd like this child placed in _____ club instead of the one listed above for their age/grade.
Name of child #2:	<input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Grade: _____ Birthday: _____	Club: ___ Cubbies (Age 4 - K) ___ Sparks (1st - 3rd) ___ T&T (4th - 6th)
Allergies: State none (if none) or special information (medical issues, medications, activity restrictions):		OR I'd like this child placed in _____ club instead of the one listed above for their age/grade.
Name of child #3:	<input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Grade: _____ Birthday: _____	Club: ___ Cubbies (Age 4 - K) ___ Sparks (1st - 3rd) ___ T&T (4th - 6th)
Allergies: State none (if none) or special information (medical issues, medications, activity restrictions):		OR I'd like this child placed in _____ club instead of the one listed above for their age/grade.

Medical Information

Doctor's Name and phone number:	Insurance Provider:	Insurance Provider Phone:	ID/Group #:
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Terms and Conditions

As a parent/guardian, I understand my child will participate in games and activities. As with any physical activity, there is a risk of injury. I fully accept this risk, and hold harmless from any legal liability, Grace Baptist Church of Ludlow Falls, OH, and any persons involved in the AWANA Club ministry.

In the event of an emergency that requires medical treatment for my child, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to authorize treatment under the direction of a licensed physician to provide the care necessary for my child's well being. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Grace Baptist Church AWANA Club from any and all liability.

OPTIONAL: (Mark each agreeable option) The term "My child" refers to the names of the children listed above)

- I give permission for my child to receive over the counter medications, such as Tylenol or Benadryl, in the case of minor illnesses.
- I give permission for my child to be transported to and from AWANA without legal liability. **Please check box to ride in church van.**
- I give permission for my child to be photographed/videotaped during AWANA and to post images on the church social media/website.

I have read and agree to the terms and conditions stated above.

Parent/Guardian Signature: _____ Date: _____

