

For Office Use:
Paid _____ Initials _____

AWANA REGISTRATION & AUTHORIZATION FOR MEDICAL TREATMENT

Please Print

NAME of CHILD: _____ Birth Date _____ Grade _____ Club _____

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CLUBS: CUBBIES (3-4 years) SPARKS (K-2nd grade) T & T (3-6 grade) TREK (7-8 grade) JOURNEY (high school)

PARENTS/GUARDIANS (Print): _____

EMAIL _____ CELL PHONE _____

HOME PHONE _____ WORK PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT (other than above):

Name _____ Ph. # _____

Relationship to child/children _____

AUTHORIZATION FOR MEDICAL TREATMENT

If a serious medical emergency were to arise it might be necessary to get medical attention before you could be reached. This can only be provided if you sign the following authorization for medical treatment:

I hereby authorize that emergency medical and/or surgical care may be provided for my son or daughter while he/she is under the care and responsibility of Grace Bible Church of San Marcos.

Family Physician _____ Phone _____

Insurance Company _____ Policy/Group Number _____

List any medical or food allergies for each child _____

MEDIA RELEASE

I give permission for pictures, videotapes, or other images of my child/children to be used for any legitimate purpose by Grace Bible Church of San Marcos including, but not limited to, clubber recognition, awards, internal church use, and promotion of clubs.

AUTHORITY TO SIGN

I represent and warrant that I am a parent or legal guardian of the child/children named above, and have the full power and authority to enter into this parental consent on behalf of my child/children.

Signature of Parent or Guardian

Date Signed