



# 2018-2019 Registration/Medical Release Form

(For club meetings and all supervised AWANA activities)

Granite Hills Baptist Church, Reno, NV (775) 982-0887 ~~ Commander, Anna Oatman (530)251-7370

**Club**  Cubbies (3-4 years)  Sparks (K-2<sup>nd</sup>)  T&T ~ Adventure (3-4)  T&T ~ Challenge (5-6)

Transferring from another club? **Y N** If, Yes, \_\_\_\_\_ Awana club.

## PLEASE PRINT IN INK

### CLUBBER INFORMATION

Clubber's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: **M F** Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_ School: \_\_\_\_\_

Family Church: \_\_\_\_\_ Clubber email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

### PARENT / GUARDIAN / FAMILY INFORMATION

Father / Guardian

Mother / Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Living with clubber?: Y N

Living with clubber: Y N

Office Use Only:  Aug 24<sup>th</sup>  Oct 19<sup>st</sup>  
Dues paid:  in full-\$50  payments-\$10 each date:  Dec 14<sup>th</sup>  Mar 15<sup>th</sup>  May 10<sup>th</sup>

Clubber name: \_\_\_\_\_

## MEDICAL INFORMATION

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Specific medical conditions, Chronic illnesses or ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

In case I/we cannot be reached during an emergency, I/we, the undersigned, give permission for my/our child to be treated by a licensed physician if this emergency might endanger his/her life and/or cause disfigurement, physical impairment or undue discomfort by delaying treatment. Said physician is to administer whatever care is necessary, including anesthesia.

The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Awana Clubs International, Granite Hills Baptist Church of Reno, Nevada and the driver of any vehicle transporting my child to a supervised Awana activity, from liability.

This release form is completed and signed of my/our own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my/our absence.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I/we allow for my/our son's/daughter's \_\_\_\_\_ photograph to be used by Granite Hills Baptist Church.

Other Family Members or Friends allowed to pick up Clubber:

Name: \_\_\_\_\_ Relationship to clubber: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to clubber: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to clubber: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_