Dues:☐Pd.in full ☐Pmt. amt.__________
Uniform Sz.______ ☐Vest ☐T-shirt
☐ Handbook ☐ Handbook Bag
☐CD ☐Other________________
Staff Use

Registration 2011-12 Club Year

Name:____

Birthdate:______/______/______ Age:_____________ Grade:_____________ ☐ M ☐F

☐ **Sparks** (K- 2nd grade) ☐1st year ☐2nd year ☐3rd year
☐ **TNT** (3rd - 6th grade) ☐1st year ☐2nd year ☐3rd year ☐4th year

Address:____

Mailing if different:____

City:____ Zip:________________

Home Phone:_____________________________ Cell Phone:_________________________

E-Mail____

Mother/Guardian:____

Occupation:____________________________________ Work Phone:____________________

Father/Guardian:____

Occupation:____________________________________ Work Phone:____________________

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐Other describe:___________________

Name of Family's Church Affiliation:____

☐Member ☐Regular Attender ☐Occasional ☐Do not attend

Siblings attending club: ____ Age:_______

Siblings attending club: ____ Age:_______

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/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 Awana Clubs International and Redwood Valley Community Church.

Name of Clubber____

Mother/Guardian:____

Father/Guardian:____

Address______________________________City_____________________Zip______

Phone___________________Cell:_____________________Work:___________________

Family Physician Name:____

Address:____Phone_________________

Medical Insurance Company__________________________Policy #__________________

Specific medical allergies, chronic illnesses, or other conditions:

____

____

Date of last tetanus shot:_________________________

Other contact in case of emergency:

Name____Phone__________________

Relationship____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL AND WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

Signed____

Relationship to Clubber________________________________ Date___________________