

AWANA REGISTRATION, MEDICAL RELEASE, MEDIA RELEASE, AND PERMISSION SLIP

LAST NAME: _____

Home Phone: () _____ Cell Phone: () _____

Street Address: _____

Mailing Address (if different): _____

City: _____ Zip Code: _____ Email: _____

Names of Children	Age	Birthdate	Grade	Medical and Food Allergies	Club

(Add additional children on the back)

What church do you attend? _____

Emergency Information and Medical Release

Father/Guardian: _____ Cell: () _____

Mother/Guardian: _____ Cell: () _____

Insurance: _____ Policy/Group #: _____

Doctor: _____ Phone: () _____

Emergency Contact if unable to contact above Parent/Guardian

Name: _____ Phone: () _____

Relationship to child(ren): _____ Cell: () _____

MEDICAL RELEASE — EFFECTIVE SEPTEMBER 1, 2016 — AUGUST 31, 2017

I hereby give my permission to the physician or dentist selected by First Baptist Church, Gridley, CA, to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my Child(ren) as deemed necessary, after every attempt to contact the parent, guardian and/or other emergency contact has failed. I further agree that I am fully responsible to pay all charges and expenses relating to such care and treatment. My signature below serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by my insurance. My signature below also serves as a medical release for the above mentioned child(ren).

MEDIA RELEASE

I understand that at this event or related activities, my child(ren) may be photographed. I hereby assign all rights to the photographs/video made of my child(ren) by First Baptist Church, Gridley, CA. With my signature below, I hereby authorize and consent to the editing, reproduction, exhibition and use of said photograph/video by First Baptist Church, Gridley, CA for promotional purposes in its publications, on it's website and in local print media. I acknowledge First Baptist Church's right to crop or treat the photographs/video at it's discretion.

PERMISSION

With my signature below, I hereby give consent for the above named child(ren) to participate in extra-curricular Awana activities during the current club year. I further agree to hold harmless First Baptist Church, Gridley, CA, Awana Volunteers, and /or Awana Clubs International should injury occur during events sponsored by said church or Awana Clubs International. This permission also includes transportation when provided with qualified vehicles and drivers.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Child(ren): _____

Fees Owed: \$ _____
Date Paid: _____

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NOTIFICATION OF HOW MY CLUBBER(S) WILL BE GETTING HOME FROM AWANA

Please check the appropriate box or boxes and fill out any needed information. Thank you.

Clubber's Name(s) _____

- I will pick up my clubber(s) personally.
- The following person or persons will pick up my clubber(s): _____
- My clubber(s) will be walking home by themselves.
- My clubber(s) will be walking home with: _____

Which ways would you like to be kept informed about the AWANA calendar and events?

- Text Messaging Cell Phone: () _____ Paper Newsletter
- Email Email Address _____ <http://fbcgridley.org>