

REGISTRATION/EMERGENCY INFORMATION

AWANA CLUBS, ENCHANTED HILLS BAPTIST CHURCH, TUCSON, ARIZONA

CHILD'S NAME _____ CLUB _____ PHONE _____

ADDRESS _____ ZIP _____

AGE ____ BIRTHDATE _____ SEX ____ GRADE ____ SCHOOL _____

CHURCH _____ Brought to AWANA by _____

FATHER'S NAME _____ CELLULAR/PAGER # _____

MOTHER'S NAME _____ CELLULAR/PAGER # _____

WEDNESDAY NIGHTS parents can be reached at _____

Persons who will call for the child if parents cannot be reached:

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

DOCTOR'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

INSURANCE COMPANY, HMO _____ GROUP# _____ ID# _____

INSURANCE COMPANY PHONE NUMBER _____

HOSPITAL(S) OF CHOICE _____

Specific health conditions or allergies _____

Medications _____

Does the child wear contacts _____ Hearing aides _____ Other _____

If there is anything else we should know about your child, write that information on the back of this sheet.

As parent/guardian, I hereby give permission for my child, _____ to attend AWANA activities, and outings of Enchanted Hills Baptist Church, Tucson, Arizona. In the event of accident or injury, I will not hold AWANA Clubs International, Enchanted Hills Baptist Church, or individual ministers or leaders responsible. I do, herewith, authorize the treatment by a qualified and licensed paramedic, medical doctor or nurse of the above minor, in the event of a medical emergency, which in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment or other discomfort if delayed. This authority is granted after a reasonable effort has been made to contact me.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Relationship to Child _____