

**Cubbies
Sparks**

1st Year 2nd Year 3rd Year

T & T Club

To be complete by AWANA Staff	Dues	<input type="checkbox"/>
	Uniform	<input type="checkbox"/>
	Handbook	<input type="checkbox"/>
	ID Card	<input type="checkbox"/>
	Name Tag	<input type="checkbox"/>
	Book Bag	<input type="checkbox"/>
	Birthday	<input type="checkbox"/>

PLEASE PRINT

**Lake Bible AWANA
Registration Form 2010/ 2011**

Clubber Name _____ Gender male female

Age _____ Grade _____ Birth date _____

Address _____ City _____

State _____ Zip code _____ Phone _____ Emer. _____

Email Address _____

Allergies, please specify: _____

What Church Do You Attend? _____

Parent/ Guardians Name _____

Address _____ City _____

State _____ Zip code _____ Phone (Day) _____ (Evening) _____

Where can you be reached on club nights? _____

Alternate emergency contact _____ Phone _____

Other family members in AWANA, _____

Lake Bible Church AWANA

Medical Treatment Consent & Liability Release Form for Minors

It is my desire that my child participate in the AWANA Club Ministry at Lake Bible Church

I, the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of Lake Bible Church or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor has been entrusted to obtain proper medical care from a licensed medical or dental physician or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical physician or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of said adult to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

In the event of injury to my child, I agree that my health care insurer shall be financially responsible for any medical treatment required by my child as a result of any illness or injured suffered during his/her participation in any church activities.

Parent / Guardian Signature _____ Date _____