

**Cubbies  
Sparks**

1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year

**T & T Club**

**Lake Bible AWANA**

PLEASE PRINT

**Registration Form 2011/ 2012**

<b>To be complete by AWANA Staff</b>	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"/>

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** \_\_\_\_\_