

**\*\*\*Please Note: Registration dues, handbook and uniform fees are due at time of registration. Please mail in registration with payment to Lake Bible Church\*\*\***

# Lake Bible Church AWANA

## Registration Form 2018/2019

Cubbies \_\_\_ 1<sup>st</sup> Year \_\_\_ 2<sup>nd</sup> Year  
Sparks \_\_\_ 1<sup>st</sup> Year \_\_\_ 2<sup>nd</sup> Year \_\_\_ 3<sup>rd</sup> Year  
T & T \_\_\_ 1<sup>st</sup> Year \_\_\_ 2<sup>nd</sup> Year \_\_\_ 3<sup>rd</sup> Year \_\_\_ 4<sup>th</sup> Year

**Please print information clearly.**

Name \_\_\_\_\_ Male Female

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Emergency \_\_\_\_\_

Email Address \_\_\_\_\_

Special Needs or Allergies, please specify: \_\_\_\_\_

Which Church Do You Attend? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

What phone number can you be reached at 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 injury suffered during his/her participation in any church activities.*

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY AWANA STAFF**

\_\_\_\_\_ DUES  
\_\_\_\_\_ UNIFORM  
\_\_\_\_\_ HANDBOOK  
\_\_\_\_\_ EX. CREDIT BOOK  
\_\_\_\_\_ BOOK BAG  
\_\_\_\_\_ OTHER  
\_\_\_\_\_ OTHER  
\_\_\_\_\_ TOTAL

\_\_\_\_\_ **DATE RECEIVED**  
\_\_\_\_\_ **Check #**