

**AWANA REGISTRATION**

CLUBBER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY /ZIP: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 PARENTS' NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 PREFERRED PHONE NUMBER(s): \_\_\_\_\_ HOME/WORK/CELL (**CIRCLE ONE**)

**AWANA CLUB ENROLLMENT**

- Nursery (up to 2 yrs)     Puggles (2 – 3yrs)     Cubbies (3 yrs to pre-K)     Sparks (K – 2<sup>nd</sup> Grades)  
 Truth & Training (3<sup>rd</sup> – 6<sup>th</sup> Grades)     Trek (7<sup>th</sup> – 9<sup>th</sup> Grades)     Journey (10<sup>th</sup> – 12<sup>th</sup> Grades)

**AWANA GENERAL PERMISSION FORM**

To ensure your child's safety, once the children arrive, they will not be allowed to leave the building until AWANA is over, except for the following reasons:

1. The child is being picked up by a parent/guardian
2. The child is accompanied by an AWANA leader (limited to outdoor games and activities)

\_\_\_\_ My child/children have permission to attend **AWANA**  
 \_\_\_\_ My child/children should wait for their Parent/Guardian to pick them up **or**  
 \_\_\_\_ My child may ride home with someone other than a parent/guardian.  
 If so, please provide name(s): \_\_\_\_\_

**Awana is from 6:30-8 P.M. Check-In starts at 6:15 P.M. If you are going to be late picking up your child(ren) due to an emergency or if your child needs to leave early, PLEASE CONTACT Commander Keith Baldrige at (615) 517-4178.**

**MEDIA RELEASE**

\_\_\_\_ Christ Fellowship has permission to use and publish photographs of my child(ren) for advertising and outreach in both print and electronic mediums of communication. I release photographer(s) and his/her legal representatives and assigns from all claims and liability relating to said photographs.

**EMERGENCY INFORMATION**

*Person to contact in case of an emergency if parents cannot be reached*

| Name(s) | Relationship | Phone Number |
|---------|--------------|--------------|
|         |              |              |
|         |              |              |

In the event of an emergency the church will take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact a parent through any persons listed in the emergency information.
3. Attempt to contact the child's physician.
4. If we cannot contact any of the above, we will do any or all of the following: (a) call another physician or paramedics; (b) call an ambulance; (c) have the child taken to an emergency hospital in the company of a staff member.

**Awana Vacation Breaks & Cancellations Due to Bad Weather**

Christ Fellowship's Awana program follows Williamson County schools' schedule for breaks and for cancellations due to bad weather. If Williamson County schools are not holding classes on a Wednesday, we will not either. If classes are held in the morning but children are later sent home because of weather concerns, Awana will be cancelled that evening. We will attempt to notify parents of cancellations via e-mail, but if you are in doubt call Keith Baldrige at (615) 517-4178.

### EMERGENCY AUTHORIZATION

I hereby authorize the leaders of AWANA to act on my behalf when I cannot be contacted, IN CASE OF AN EMERGENCY, resulting in the need of medical attention for my son/daughter named above.

I also agree to hold harmless the AWANA leadership, Christ Fellowship Church and AWANA Clubs International, their agents and representatives of and from any injuries or losses my child may sustain as a result of any negligent or allegedly negligent act and/or omission that occurs during or in connection with any AWANA activity. Furthermore, should Christ Fellowship Church incur any medical expenses related to my child's emergency, I agree to reimburse Christ Fellowship Church for all medical expenses.

### MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Claim Office Phone Number \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please list any ALLERGIES, DISORDERS OR SPECIAL NEEDS that we need to know to best take care of your child(ren), Also list any medications your child(ren) are currently using:

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

### PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR

\_\_\_\_\_  
(Herein "Parent")

Christ Fellowship  
(Herein "Organization")

\_\_\_\_\_  
(Herein "Minor")

Keith Baldrige, AWANA Commander  
(Herein "Agent")

The above named parent of the minor has entrusted the minor into the care of the agent, an adult, and a duly authorized representative of the organization, while the minor participates in the activity sponsored by the organization, and for the welfare of the minor.

The parent does hereby authorize the agent, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under laws of the State or County in which the medical care is being sought and on the medical staff of any hospital; or to consent to treatment to be rendered to the minor by any dentist licensed under the laws of the State or County in which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the agent to diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentists, in the exercise of his/her best judgment, may deem advisable.

The parent hereby authorizes any hospital, which has provided treatment to the minor to surrender physical custody of the minor to the agent to the agent upon the completion of treatment. This authorization is given pursuant to the laws of the State or County in which the medical or dental care if provided.

The parent hereby agrees to fully pay all costs of medical or dental care incurred for the minor by the agent, or the organization, under this authorization.

These authorizations shall remain effective from September 9, 2020, until May 19, 2021, unless sooner revoked in writing delivered to said agent.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_