

# AWANA CLUB APPLICATION

(One application per child)

## CLUBBER INFORMATION

CLUBBER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENTS' NAME \_\_\_\_\_

Church now attending \_\_\_\_\_

## CLUB ENROLLMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Cubbies (3 to 4 years old) | <input type="checkbox"/> Sparks (grades K-2)       |
| <input type="checkbox"/> T&T (Boys, grades 3 & 4)   | <input type="checkbox"/> T&T (Girls, grades 3 & 4) |
| <input type="checkbox"/> T&T (Boys, grades 5 & 6)   | <input type="checkbox"/> T&T (Girls, grades 5 & 6) |

## EMERGENCY INFORMATION

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

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

Physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## 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 and Fall Creek Baptist Church from any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse Fall Creek Baptist church for all medical expenses.

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

# EMERGENCY AUTHORIZATION

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

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

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

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

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

Special medical conditions of minor such as Diabetes, Allergic Reactions, any medications currently using:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

# PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR

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

Fall Creek Baptist Church  
\_\_\_\_\_  
(Herein "Organization")

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

\_\_\_\_\_  
(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 dentist, 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 upon the completion of treatment.

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 authorization shall remain effective \_\_\_\_\_ (Club start date) until \_\_\_\_\_, (Club end date), unless sooner revoked in writing delivered to said agent.

Dated: \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_