

# AWANA CLUB REGISTRATION and CONSENT FORM

(Please Print Clearly and Fill Completely.)

Child's Name	Sex	Age	Full Birth Date (mo/day/year)	Grade in Fall '09
Address		City	State	Zip
Parent's Name			Phone	

**\*\*Email:** \_\_\_\_\_ (For cancellations and other information you may need to know regarding the AWANA program.)

**Please note any allergies or health conditions of which we need to be aware:**

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**AWANA DUES**  
**\$25** Per child  
**\$40** For two children  
**\$50** Family maximum  
**Dues Amount \$** \_\_\_\_\_

\*\*\* DO NOT use for \*\*\*  
**Leaders' uniform order.**

<b><u>UNIFORMS:</u></b>	<b><u>Price</u></b>	<b><u>SIZE</u></b>
Cubbie Vest	\$8.00 ea	_____
Sparks Vest	\$10.00 ea	_____
Puggles Adult	\$ 21.00 ea	_____
T&T Polo Shirt	\$17.00 ea	_____
T&T Polo Adult	\$21,23, 27	_____

**TOTAL(dues + uniforms) \$** \_\_\_\_\_

For Office Use Only:

Date: \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Cash

**\*\* SIZE CHART ON BACK \*\***

## AUTHORIZATION TO CONSENT TREATMENT & RELEASE FROM LIABILITY

I, the undersigned, do hereby authorize Antioch Bible Church as agent(s) for the undersigned to consent to any x-ray examinations, 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/or surgeon licensed under the provisions of the PHYSICIAN AND SURGEONS ACT and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician, in the exercise of this best judgment may deem necessary and advisable.

I/We, [Parent(s)/Legal Guardian(s)] have read the above and consent to the named Clubber or participant to participate in the activities that are a part of the events relating to AWANA CLUBS which are affiliated with Antioch Bible Church. I hereby release Antioch Bible Church and any of its affiliates, officers, directors and agents from any and all civil liability.

This authorization and release shall remain in effect for the duration of the aforesaid club, activity, etc., unless sooner revoked in writing and delivered to said agent(s) associated with the aforesaid club, activity, etc. The dates of duration for the aforesaid club, activity, etc. are September 23, 2009 to May 19, 2010.

The name and phone number of a second individual who most often knows my whereabouts:

Name of Emergency Contact	Phone
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The effective date of this authorization/release is:

Signature of Parent or Legal Guardian <b>(REQUIRED)</b>	Date
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