



Date _____

Invited By _____

Canaan Free Will Baptist Church
2011 – 2012 Registration Form

My child will participate in the following club: (please circle)

CUBBIES – 3 & 4 year olds **SPARKS** –K-2nd grade **T & T** – 3rd- 4th grade **T & T** – 5th-6th

Child's Name _____

Address _____ City _____

Home Phone Number _____

Age _____ Birth Date _____ Grade _____

Boy or Girl (Please Circle One) Home Church _____

Father or /Guardian's Name

Mother or /Guardian's Name

Cell Phone _____

Cell Phone _____

Emergency Contact name _____
(other than parent or guardian)

Home Phone _____ Cell Phone _____

Person, other than self, authorized to pick-up my child:

PHOTO RELEASE

All children may be photographed during the 2011-2012 AWANA year. I give consent that my child's photograph may be used for AWANA club slideshows, church related communications, i.e., newsletters and CFWB's online photo gallery.

Parent's / Guardian's Signature

Medication Being Taken _____

Date of Last Tetanus Shot _____

Allergies _____

Medical Information

Name of Physician _____

Physician's Phone Number _____

Insured Designated Hospital _____

Insurance Company Covering Child _____

Physical Impairments, Chronic Illnesses (Heart, Epilepsy, etc.), Autistic, ADHD, Learning Disabilities or any other information that would help us minister effectively to your child.

Medical Emergency Care Information Form

As parent or guardian of the below named child, I hereby give my consent for AWANA/Canaan Free Will Baptist Church personnel to provide Basic First Aid to my child. _____ **(Initial)**

In the event of an emergency, I give consent to administer necessary medical treatment by a qualified and licensed medical doctor, which in the opinion of the attending physician, may endanger the life of my child, cause disfigurement, physical impairment or undue discomfort, if delayed. I give my consent to transport by ambulance if the situation warrants such action. **Note** This consent will be exercised only after a reasonable effort has been made to contact the parent or guardian and emergency contact person.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered and thus release AWANA Clubs International and its charters from this liability.

(Child's Name)

(Signature of Parent or Guardian)

(Date)

(Printed Name of the Parent or Guardian)