



AWANA Registration/Medical Release Form
Grace Baptist Church Ludlow Falls, OH
 (Please PRINT all information requested)

Clubber's Name: _____ Sex: M / F Age: _____
 Grade: _____ Birthday: _____ Parent's Name(s): _____
 Address: _____ City: _____ Zip: _____
 Mailing Address (if different): _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____ Text: yes ___ no ___
 Email Address: _____

MEDICAL INFORMATION

Food Allergies: _____
Other Allergies: _____
Medical Conditions: _____
Doctor _____ **Address** _____ **Phone ()** _____
Medical Insurance Provider: _____ **ID #** _____
Provider Phone No: _____ **Group #** _____
Emergency Contact Person: _____ **Phone - ()** _____

As a parent/guardian, I understand my child will participate in games and physical activities. As with any physical activity, there is risk of injury. I fully accept this risk, and hold harmless from any legal liability, Grace Baptist Church and any persons involved in the AWANA Club ministry.

In the event of an emergency that requires medical treatment for my child, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to authorize treatment under the direction of a licensed physician to provide the care necessary for my child's well being. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Grace Baptist Church AWANA Club from any and all liability.

Parent /Guardian Signature: _____ Date _____

OPTIONAL: (Mark each agreeable option)

- I give permission for my child to receive over the counter medications, such as Tylenol or Benadryl, in the case of minor illnesses/ issues.
- I give permission for my child to be transported to and from AWANA without legal liability.

Parent / Guardian Signature: _____ Date _____

Club Use:
 Club: Cubbies Sparks T&T