Child's Name:_____ **Club:** _____**Home phone (___) ___ - ____**
Address: _____

_____

Birthdate _____ **age:**____**grade in school:** ____ **attends school where?**_____
Father's name: _____ **work ph:** _____ **cell/pager:** _____
Mother's name: _____ **work ph:** _____**cell/pager:** _____

Are there any brothers/sisters, relatives who attend or work in Awana? _____

_____

On Sunday nights parents/guardians can be reached at: _____

_____

Person(s) who can take care of / responsibility for child if parents/guardians cannot be reached: _____

_____

Please Give name, phone numbers and relationship to child_____

Do you have health Insurance? _____ Name of insured: (father? mother?)_____

Name of Ins. Co. _____ ID #: _____

Doctor's Name/phone number: _____

Specify health conditions and/or allergies: _____

_____

Medications_____ last Tetanus shot: _____

Contacts/glasses/hearing aids? _____

In case of illness or injury to my child and I am unable to respond for medical attention, the staff or sponsor of Heritage Freewill Baptist Church (FWBC) is authorized, as agents for the undersigned, to consent IMMEDIATELY to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority to Heritage FWBC agents to give specific consent to any and all diagnosis, treatment or hospital care. I understanding that I am responsible for providing medical insurance and payment of all charges incurred in diagnosis and treatment.

PARTICIPATION RELEASE: I give consent for _____ to participate in the Awana activities of Heritage FWBC. I assume all risks and hazards incidental to such participation including transportation to and from the activity, and do hereby waive, release, absolve, indemnify, and agree to hold blameless the Heritage FWBC Awana staff. Sponsors, participants, and persons transporting my child from the activity for any claim arising out of injury to my child.

In the event the above-named participant creates a discipline problem that cannot be reasonably corrected by those supervising the activity, I agree to go to the location of the activity and pick up the child or arrange satisfactory transportation home for him/her. I agree to pay all reasonable charges incurred in the transportation for return to participant's home.

_____ _____

Parent/Guardian Signature Date: