

HEALTH & SAFETY

The health and safety of all our clubbers, workers and volunteers are very important to us. Please plan on keeping your child(ren) home if they have symptoms of sickness, fever, sinus cold, etc. If you have any questions concerning our Health & Safety policies or our AWANA Clubs in general, please contact us at jhweaver06@yahoo.com or (540) 686-2783.

FAMILY INFORMATION

HOUSEHOLD LAST NAME:	STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:	
PHONE:	EMAIL:		
HOME CHURCH:			
FATHER/GUARDIAN'S NAME & CELL:			
MOTHER/GUARDIAN'S NAME & CELL:			

CLUBBER INFORMATION: Cubbies are 3-4 years old; Sparks are Kindergarten – 3rd Grade

FIIRST NAME:	LAST NAME:		
BIRTHDATE: (MM/MM/MMMM)	GENDER:	GRADE:	

FIIRST NAME:	LAST NAME:		
BIRTHDATE: (MM/MM/MMMM)	GENDER:	GRADE:	

FIIRST NAME:	LAST NAME:		
BIRTHDATE: (MM/MM/MMMM)	GENDER:	GRADE:	

FIIRST NAME:	LAST NAME:		
BIRTHDATE: (MM/MM/MMMM)	GENDER:	GRADE:	

MEDICAL NEEDS or ALLERGIES

MEDICAL NOTES FOR EACH CHILD (If none, simply insert "None.")

AGREEMENT

I, the undersigned parent/guardian of the listed child(ren), do hereby authorize the adult sponsor of this Awana program bearing this written authorization, into whose said care the above-mentioned minor child(ren) has/have been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility, in the case of an emergency. The medical/dental care is to include, but is not limited to, an x-ray, examination, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

Financial Responsibility

In the event of injury to or illness of my child(ren), I agree that I and my healthcare insured shall be financially responsible for any medical treatment required by my child(ren) as a result of any injury or illness suffered during his/her/their participation in any church-related activities.

Risk

Regarding: athletics, games, travel, hiking, climbing, projects, weather, hobbies, or other related activities: I am aware that these activities may involve some hazard. I have considered these risks, and I still wish my child(ren) to participate. In consideration of my child(ren) participating in these activities, I agree not to bring legal action against Lifegate Free Will Baptist Church, staff, sponsors, or volunteers as a result of any injury suffered in course of my child's/children's participation.

Media

From time-to-time Lifegate Free Will Baptist Church may photograph, videotape, or make sound recording of participants in various church activities. These may appear in the media, on our website or be used in conjunction with exhibits, publicity, and public relations. If you do not want your photo to be depicted (or those of your children) please inform the church office in writing.

I agree Name: _____ Date _____

MEDICAL PROVIDER AND INSURANCE

INSURANCE COMPANY:	POLICY NUMBER:
DOCTOR'S NAME:	DOCTOR'S PHONE NUMBER:

TERMS & CONDITIONS: All of the above information has been supplied by me. I have read and understand the terms of this agreement.

I agree Name: _____ Date _____