



REGISTRATION FORM

2018-2019

Name: _____ M _____ F _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Grade: _____ Age: _____ Birthday: _____
 Parent's Name: _____
 Phone: (Home) _____ (Cell) _____
 Email: _____

PARENTAL PERMISSION AND MEDICAL RELEASE

In case of emergency, please notify: _____
 Home Phone: _____ Alternate Phone: _____
 Health History
 Allergies: _____ Asthma _____ Diabetes _____
 Epilepsy/Nervous System Disorder _____ Other _____
 Activity Restrictions: _____

OVER

This health history is correct, as far as I know. I hereby give my permission to the licensed physician, nurse or medical care provider designated by the group leader to secure medical aid

as required for illness or injury under physician's orders, including transportation to and from the necessary facilities. I understand that I will be billed for any professional services rendered.

I desire my child to participate in the AWANA activities of **Calvary Evangelical Baptist Church (CEBC)** for the club year. I release CEBC, its officers, its employees, and members from all claims and causes of action by reason of an injury, which may be sustained as a result of these church activities.

I give CEBC permission to photograph my child and to use photographs on the Internet, media, and print.

The above information is true and I give my consent as a parent and/or guardian for my child.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Club: _____

Tee Shirt Size: _____

Book: _____

Dues: _____

WILL YOU BE ATTENDING THE CHURCH PICNIC IN MAY (TBA)

Yes: _____ No: _____ How Many: _____