

AWANA REGISTRATION FORM 2020 - 2021

STUDENT INFORMATION

NAME: _____ DOB: ___/___/___ GRADE: _____
NAME: _____ DOB: ___/___/___ GRADE: _____
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CONTACT INFORMATION

E-MAIL: _____ PHONE: _____ - _____ - _____
ADDRESS: _____ CITY: _____ STATE: _____

EMERGENCY AND HEALTH INFORMATION

EMERGENCY CONTACT NAME: _____
INSURANCE INFO: _____ ID#: _____
PHYSICIANS NAME: _____ PHONE: _____ - _____ - _____
HOSPITAL PREFERENCE: _____
MEDICAL INFO / ALLERGIES: _____
CIRCLE: Peanuts Bees Shellfish Tree Nuts Latex

MEDICAL RELEASE

I understand that in the event that medical treatment is required, every effort will be made to contact me at the number given above. However, if I cannot be reached, I give permission to Burnsville Baptist Church or any adult sponsor of the church to secure services of a licensed physician to provide the necessary medical attention, including anesthesia, for my child's well being.

SIGNED: _____ DATE _____

WAIVER OF LIABILITY

I, the parent or legal guardian of the child listed below, release Burnsville Baptist Church, together with the adult sponsors in charge, of any and all claims resulting from injury or damage that may be sustained by my child while participating in the Awana Club at Burnsville Baptist Church, to include transportation. This waiver applies to all children listed above, effective August 01, 2020 to August 31, 2021.

SIGNED: _____ DATE _____