

# 2007 - 2008

## AWANA CLUB APPLICATION

### Family Information

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### Clubber Information

| Name  | Age   | Grade | Birth date  | Sex | Medical Info | Club  | Book  | Uniform |
|-------|-------|-------|-------------|-----|--------------|-------|-------|---------|
| _____ | _____ | _____ | ___/___/___ | ___ | _____        | _____ | _____ | _____   |
| _____ | _____ | _____ | ___/___/___ | ___ | _____        | _____ | _____ | _____   |
| _____ | _____ | _____ | ___/___/___ | ___ | _____        | _____ | _____ | _____   |
| _____ | _____ | _____ | ___/___/___ | ___ | _____        | _____ | _____ | _____   |
| _____ | _____ | _____ | ___/___/___ | ___ | _____        | _____ | _____ | _____   |

### Emergency Authorization

I hereby authorize the leaders of Awana to act on my behalf when I cannot be contacted, **IN CASE OF AN EMERGENCY**, resulting in the need of medical attention for my son/daughter named above. Anchorage Baptist Temple and Awana leadership are not liable for any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse Anchorage Baptist Temple for all medical expenses.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

### Permission Slip

With the understanding that while on an activity with the Anchorage Baptist Temple AWANA Youth Group, there is the possibility of injury. I/We do hereby release Anchorage Baptist Temple, its employees, and agents from any and all claims, demands, actions, causes of actions of any sort, for injuries sustained during the period covered by this release. I/we have instructed my/our son/daughter to obey the rules of the Anchorage Baptist Temple and hereby give permission for medical treatment which may be needed for injury.

\_\_\_\_\_  
Parent/Guardian Signature

### AWANA Office Use Only

Date of Application \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date Paid \_\_\_\_\_