

CHILD'S NAME: _____	BIRTH DATE: _____
ADDRESS: _____	GRADE: _____
CITY, STATE ZIP CODE: _____	SCHOOL: _____
CHURCH: _____	LANDLINE: _____
FATHER NAME / EMAIL: _____	FATHER CELL: _____
MOTHER NAME / EMAIL: _____	MOTHER CELL: _____

We/(I), the undersigned, do hereby give permission for our/(my) child, _____, to attend and participate in all AWANA activities sponsored by Chinese Baptist Church from August 25, 2023 through May 17, 2024.

We/(I), authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist on the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned shall be civilly liable and agree(s) to pay all costs and expenses incurred in connection with damages to the facility and/or premises (the site of any AWANA activity) caused by the aforementioned child pursuant to this authorization.

We/(I), the undersigned, do also hereby give permission for our/(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in all AWANA activities sponsored by Chinese Baptist Church.

We/(I), the undersigned, do also hereby give consent for our/(my) child to be photographed, video or audio taped as the event is documented, and for the possible use of those by Chinese Baptist Church.

SIGNATURE: _____	RELATIONSHIP: _____
PRINT NAME: _____	DATE: _____
EMERGENCY CONTACT: _____	LANDLINE: _____
RELATIONSHIP: _____	CELL PHONE: _____
MEDICAL DOCTOR: _____	DOCTOR PHONE: _____

YES NO ALLERGY?	SPECIFY ALLERGY: _____
YES NO SPECIAL NEED?	SPECIFY HEALTH/DIET NEED: _____
YES NO HOSPITAL INSURED?	INSURANCE COMPANY: _____
	INSURANCE POLICY#: _____
	INSURANCE COMPANY PHONE#: _____
	NAME ON INSURANCE POLICY: _____

TO BE COMPLETED BY AWANA COMMANDER OR AWANA LEADER.

DESCRIPTION	DATE	CASH/Ck#	AMOUNT	CLUB	SPARKS	TRUTH & TRAINING
UNIFORM	/ /	Cash/Ck#	\$		\$20 Registration Fee	\$20 Registration Fee
				GRADE	K 1 2	3 4 5
HANDBOOK				UNIFORM	Cost \$10.00 USD	Cost \$10.00 USD
REPLACEMENT	/ /	Cash/Ck#	\$ 10 USD	SIZE	Large 10 X-Large 12	14 16 Adult Small

Note: Weekly dues support AWANA's **Battle for Hope**. Threefold impact: Reach Kids with the Gospel, Provide Crisis Relief, and Resource Missionaries and Pastors. Weekly dues are a minimum \$1.00 USD.