

CHILD'S NAME:	_____	BIRTH DATE:	_____
ADDRESS:	_____	GRADE:	_____
CITY, STATE ZIP CODE:	_____	SCHOOL I.S.D.:	_____
CHURCH:	_____	HOME PHONE:	_____
FATHER'S NAME / EMAIL:	_____	FATHER'S CELL:	_____
MOTHER'S NAME / EMAIL:	_____	MOTHER'S 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, 2017 through May 19, 2018.

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: _____	PHONE: _____
RELATIONSHIP: _____	CELL PHONE: _____
MEDICAL DOCTOR: _____	DOCTOR'S PHONE: _____

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

 TO BE COMPLETED BY AWANA COMMANDER OR AWANA LEADER.

Payment Method:	CASH or CHECK#: \$.\$\$_	CLUB:	SPARKS	TRUTH & TRAINING
Date Paid:	/ /	GRADE:	K 1 2	3 4 5
Date Ordered:	/ /	UNIFORM:	Cost \$10.00	Cost \$15.00
Date Delivered:	/ /	SIZE:	Large 10 X-Large 12	14 16 Adult Small

Note: All clubbers are to complete their entrance booklet, Sparks Flight 3:16 or T & T Start Zone, prior to being awarded their uniforms. Monies collected in advance will be held, and deposited when the uniform has been earned.

Note: Due to the rising costs of handbooks there will be a replacement charge of \$7.00 USD (Not AWANA dollars).