

**AWANA CLUB REGISTRATION FORM
EMERGENCY MEDICAL PERMIT**

College Park Baptist Church
3761 NW Cary Pkwy
Cary, NC 27513
(919) 380-7278

REGISTRATION INFORMATION:

Clubber's Name _____ Birth date: ____/____/____

Address _____
(Street) (City) (ZIP Code)

Phone _____ Age of Cubbie Clubber: 3 4

E-mail address _____ Grade in School (circle one): K 1 2 3 4 5 6

Church or Sunday School you attend _____

Mother's Name _____ Father's Name _____

Legal Guardian _____

In case of an emergency, contact _____
(Name) (Relationship)

by calling _____. (**Please note that the emergency contact person should be available at this number between the hours of 6:45 pm and 8:15 p.m. on Wednesday evenings.)

EMERGENCY MEDICAL PERMIT:

As a parent and/or guardian, I do hereby authorize the treatment, by qualified and licensed medical professionals, of the following minor named below in the event of a medical emergency which, in the opinion of the attending medical professional(s), may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Name of Minor _____ Relationship _____

Dates when release is intended: **August 2009 through May 2010**

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ (Father / Mother / Legal Guardian)

Address _____ Phone _____

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses, or other condition:

Date of minor's last tetanus shot: _____