

2017-2018 AWANA Registration Form & Medical Release

Name of Child		Age as of Sep. 1, 2017	<u>Birthday</u>	<u>Grade</u>	
		_			
Parents	::	Phone:	Email:		
Addres	ss:		City, State:		
Zip Co	de:	Name of Home Church:_			
Insurance Co.:		Medical Insurance Policy Number:			
Name of Policy Holder:		Employer:_			
1.	This authorization applies to the	ission, Release, and Authoriza	under eighteen.		
2.	I hereby give permission for the aforementioned child to attend activities, events, trips, outings, sporting events, or other functions sponsored by or conducted under the supervision of Parkway Baptist Church. I hereby release acquit, and forever hold blameless for myself, my heirs, and my executors Parkway Baptist Church, its staff members, representatives, adult sponsors and chaperones from any and all responsibility, liability, or claims for illness or accidental injury involving the aforementioned children.				
3.	By my signature hereto, I authorize the staff members of Parkway Baptist Church and any sponsor or chaperone entrusted with the supervision of and responsibility for the aforementioned children to consent to medical treatment for the same event that I cannot be contacted.				
4.	. This permission, release and authorization shall be effective through May 31, 2018 unless revoked in writing sooner.				
5.		re permission, release, and authorization to consent to medical treatment of the aforementioned children en's mother, father, legal guardian or managing conservator.			
Signature of Parent, Legal Guardian Or Managing Conservator		Pi	rinted Name of Signature		
Relationship to Child:		D	ate:		
Paym	ent for AWANA Registra	tion Fee•			

Payment for AWANA Registration Fee:

I will pay (circle one): all at once in payments