



AWANA CLUB APPLICATION
(One application per child)

CLUBBER INFORMATION

CLUBBER'S NAME _____ AGE _____ GRADE _____
ADDRESS _____
CITY, ZIP _____
PHONE _____ CELL _____ BIRTHDATE _____
EMAIL ADDRESS _____
PARENT'S NAME _____
Church now attending _____

CLUB ENROLLMENT

___ Cubbies (3 to 4 years old) ___ Boys T & T (grades 3 - 6)
 **Cubbie Parent MUST Attend Bible Study on site.* ___ Girls T & T (grades 3 - 6)
___ Sparks (Boys & Girls, grades K - 2)
___ Trek (Boys & Girls, grades 7 - 8)

IMAGE PERMISSION

We would love to have pictures of our Awana Club on our website.

___ **Yes**, I will allow pictures of my child to be on the Awana Ministries portion of the Huron Baptist Church website.

___ **No**, I do not want my child's picture on the website.

RELEASE INFORMATION

My child may be released only to the following people:

EMERGENCY INFORMATION

Persons to contact in case of an emergency if parents cannot be reached.

NAME **RELATIONSHIP** **PHONE NUMBER**

Physician's Name _____ Phone No. _____

Special Instructions _____

EMERGENCY AUTHORIZATION

I hereby authorize the leaders of AWANA Clubs 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.

I also agree to hold harmless the AWANA Leadership, Huron Baptist Church, First Baptist Church of Gibraltar, and Summit Academy from any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse Huron Baptist Church and First Baptist Church of Gibraltar for all medical expenses.

Parent/Guardian Signature _____

Date _____

MEDICAL INFORMATION

Insurance Company _____ Policy# _____

Claim Office Phone Number _____

Employer's Name & Address _____

Insured Parent's Name _____ Phone _____

Address _____ City _____ Zip _____

Special medical conditions of minor such as Diabetes, Allergic reactions, and medications currently using:

Date of last Tetanus Shot _____ Physician's Name _____

PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR

(Herein "Parent")

Huron Baptist Church
(Herein "Organization")

(Herein "Minor")

(Herein "Agent")

The above named parent of the minor has entrusted the minor into the care of the agent, an adult, and a duly authorized representative of the organization, while the minor participates in the activity sponsored by the organization, and for the welfare of the minor.

The parent does hereby authorize the agent, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under laws of the State or County in which the medical care is being sought, and on the medical staff of any hospital; or to consent to treatment to be rendered to the minor by any dentist licensed under the California Dental Practice Act or the laws of the State or County in which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required, but is given to provide authority and power on the part of the agent to diagnosis, treatment, or hospital care which the aforementioned, surgeon, physician and/or dentist, in the exercise of his/her best judgment may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California (as mentioned above), and similar provisions of the laws of the State or County in which the medical or dental care is being sought.

The parent hereby authorizes any hospital, which has provided treatment to the minor to surrender physical custody of the minor to the agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California (as mentioned in this paragraph), and similar provisions of the laws of the State or County in which the medical or dental care is being provided.

The parent hereby agrees to fully pay all costs of medical or dental care incurred for the minor by the agent, or organization, under this authorization.

These authorizations shall remain effective September 2019 until June 2020, unless sooner revoked in writing delivered to said agent.

Dated _____ Parent/Guardian Signature _____

OFFICE ONLY

Registration Fee **\$40.00** Amount Paid _____

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