

# AWANA REGISTRATION FORM 2017-2018

Date \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  Male or  Female

School Clubber attends \_\_\_\_\_ Grade \_\_\_\_\_

Church Clubber attends \_\_\_\_\_

How did you hear about AWANA:

Friend  FaceBook  Flyer  Other \_\_\_\_\_

Brought By \_\_\_\_\_

Cubbies (3-4 year olds)  Sparks (K-2<sup>nd</sup> grade)  Truth & Training (3<sup>rd</sup> – 6<sup>th</sup> grade)

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## AWANA Clubs Media Release Form

September 2017- May 2018

LakeHills Community Church

18119 Grand Avenue Lake Elsinore, CA 92530

(951) 678-2514

Child's Name: \_\_\_\_\_

I give permission for my child to be photographed and/or videotaped for future promotional materials including web site postings. I do so without expectation of compensation and with the understanding that these photographs and video images will be used exclusively by LakeHills Community Church for its publications, web site, and publicity purposes.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# AWANA Clubs Medical Release Form

2017-2018

LakeHills Community Church  
18119 Grand Avenue Lake Elsinore, CA 92530  
(951) 678-2514

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Name (Print)	Age	Sex	Birth date	Social Security#
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Home Address	City	State	Zip	Phone #
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Father's Name (Print)	Address & Phone if different from above
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Mother's Name (Print)	Address & Phone if different from above
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Name and Policy Number of Family Insurance

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Insured Parties Full Name and Social Security Number (Print)

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Insured Parties Place of Employment	Address	Phone
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## Authorization to consent of emergency medical treatment

I am the parent or serve as the legal guardian of the student mentioned above. I do hereby authorize my child to participate in the church sponsored programs and socials of the LakeHills Community Church. I authorize the sponsor representing the LakeHills Community Church as my agents to consent to any X-ray examination, injection, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, or any dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment of hospital care required but is given to provide authority and power on the part of aforesaid agents to transport to medical facilities and give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that Church insurance begins where the individual's health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits. In case of no personal policy, the insurance policy of LakeHills Community Church will provide adequate coverage within its limits.

This authorization is to be effective until it is revoked in writing to said agent.

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Signature of Father, Mother, or Legal Guardian      Date

## Important medical information for the physician

(Please check and specify, if other than yes, give details on back)

	Yes	No		Yes	No
Allergic to medication	_____	_____	Asthma	_____	_____
Heart Condition	_____	_____	Epilepsy or other disorder	_____	_____
Diabetes	_____	_____	Does your child take		
Year of last tetanus	_____	_____	medication on a regular basis?	_____	_____