

Arrow Heights Baptist Church AWANA Registration 2009-2010

CUBBIES

4 by Sept. 1st Pre-K

SPARKS

K 1st 2nd

TRUTH & TRAINING

3rd 4th

CHILD INFORMATION **Date** _____

NAME _____ SEX _____ BIRTH DATE _____ AGE _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP CODE _____

CHURCH MEMBERSHIP _____

Authorization for Emergency Treatment

Name of Child: _____

I hereby authorize any physician, surgeon or dentist to administer any emergency treatment, procedure, or medicine necessary or advisable when church personnel accompany the above named child.

I also authorize church personnel to secure the use of an ambulance if necessary for transporting the above named child to the hospital.

I further agree to pay the hospital, doctors and ambulance service for all services rendered to the above named patient.

I request that this authorization remain enforce as long as the above named participates in AWANA Clubs for the 2009 – 2010 year, unless notified in writing of a change by me.

Date: _____ Signed: _____

(Parent or Guardian)

Emergency Phone Numbers: _____

(Where you will normally be at)

Please list any known allergies to medications or foods: _____

Insurance Company & Policy Number _____

Photo Release

I understand that photos and videos of my child may be taken for use in Arrow Heights Baptist Church's publications. I also, understand that publication of these photographs may be accomplished via the Internet/World Wide Web and that after publication, AHBC will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or re publishing them without my consent.

I waive any claim for damages against AHBC from uncontested-to use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Date: _____ Signed: _____

(Parent or Guardian)