

**HOPE COMMUNITY CHURCH AWANA 2009-2010  
REGISTRATION AND MEDICAL RELEASE FORM**

Mail Completed Form(s) to: Hope Community Church, 302 Tristan Dr., Shawano, WI 54166

**GENERAL CONSENT INFORMATION**

To whom it may concern:

The undersigned hereby grants permission for our (my) child, \_\_\_\_\_, to attend and participate in all activities sponsored by Awana Clubs that will be held at Hope Community Church, 302 Tristan Drive in Shawano, Wisconsin, from September 8, 2009 through April 27, 2010.

In the event of an emergency, I give permission for emergency medical treatment under the direction of a physician. I also give Hope Community Church permission to render first aid in the event of a minor incident (i.e.: clean a minor cut or scrape, apply Band-Aids, apply ice).

I RELEASE HOPE COMMUNITY CHURCH, SHAWANO, WISCONSIN, OR ANYONE ELSE ON THEIR OWN BEHALF, OF ANY DAMAGES ON ACCOUNT OF ANY INJURY, ILLNESS, OR PHYSICAL CONDITION SUSTAINED BY MY CHILD DURING THESE ACTIVITIES.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**PHOTO RELEASE**

I understand and authorize that Hope Community Church may photograph or videotape/film my child for use in Hope Community Church's video presentations, printed publications, and/or internet website, with or without the use of my child's first name.

Parent/Guardian Initial: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**ALLERGY/HEALTH ALERT**

- Bee stings/Insect Bites
- Food Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

**REGISTRATION & EMERGENCY ADMISSION INFORMATION**

These are questions that will be asked of your child in the event that there is a need to take him/her to the Emergency Center of a hospital. Having this information will expedite the admission process and the treatment of injuries or illness.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_ Sex: \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Phone number where you can be reached during Awana (Update weekly as needed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's/Guardian's Work Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

**SPECIAL INFORMATION:**

Please list any: allergies, daily meds your child is on, special medical problems, and/or special limitations that your child may have: \_\_\_\_\_

Is there any personal information you'd like us to know about your child? (extremely shy, parents are divorcing, recent death in family, etc): \_\_\_\_\_