



# Registration / Medical Release Form

(For club meetings and all supervised Awana outings)

Mid-Way Baptist Church, Raleigh, NC (919) 772-5864

**Club:**  Puggles (2yrs)  Cubbies (3-4yrs)  Sparks (K5-2<sup>nd</sup>)  T&T (3<sup>rd</sup>-5<sup>th</sup>)

Transfer from \_\_\_\_\_ Awana club. Please provide proof of completed books.  
*Name of church*

### PLEASE PRINT IN INK

Child's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*First Middle Last*

Gender:  M  F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_ School: \_\_\_\_\_  
*Month Day Year*

Member of Mid-Way:  Yes  No Name of Church (if not MBC member) \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Number & Street City State Zip*

Mailing Address (if different): \_\_\_\_\_  
*P.O. Box or Street City State Zip*

Preferred Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Child's email: \_\_\_\_\_ Child's cell phone: \_\_\_\_\_

### MEDICAL INFORMATION

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

Date of Last tetanus inoculation: \_\_\_\_\_ Name listed on Insurance: \_\_\_\_\_  
*Month / Year*

### PARENT / GUARDIAN / FAMILY INFORMATION

Father or  Guardian

Mother or  Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Living w/Child:  Yes  No Email \_\_\_\_\_

Living w/Child:  Yes  No Email \_\_\_\_\_

In case I/we cannot be reached during an emergency, I/we the undersigned give permission for my/our child to be treated by a licensed physician if this emergency might endanger his/her life and/or cause disfigurement, physical impairment or undue discomfort by delaying treatment. Said physician is to administer whatever care is necessary, including anesthesia. The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Awana Clubs International, Mid-Way Baptist Church of Raleigh, North Carolina and the driver of any vehicle transporting my child to a supervised Awana outing, from liability. This release form is completed and signed of my/our own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my/our absence.

\_\_\_\_\_  
*Father / Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother / Guardian Signature*

\_\_\_\_\_  
*Date*

### In the event a parent or guardian cannot be reached in an emergency situation, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_