

**SUNRISE BAPTIST AWANA**  
**2008-2009 CLUBBER INFORMATION AND HEALTH FORM**

***Household Information***

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Last

Family Name \_\_\_\_\_ (Please Print) Phone \_\_\_\_\_

Parent or Guardian living in the home \_\_\_\_\_ Parent or Guardian living in the home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Church currently attending \_\_\_\_\_

***Clubber Information***

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Last First

Childs Name \_\_\_\_\_ M F Bday \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Childs Name \_\_\_\_\_ M F Bday \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Childs Name \_\_\_\_\_ M F Bday \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Childs Name \_\_\_\_\_ M F Bday \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

***Medical Release***

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\* As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. I also release Sunrise Baptist Church, other organizations and individuals involved of any liability for accident incurred during any of the AWANA Club activities.

\*This release is intended to be used during the entire AWANA year, September through June. This includes both club meetings and outings (ie AWANA Olympics, Sparks-a-rama, Club Hikes, etc.) This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\*I understand any failure to follow the rules set by Sunrise Baptist Church for the event may be cause for the attendee to be sent home at my own expense.

➔ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Please print both parents names if applicable.) Signature\*\* of attendee or parent/guardian if under 18 years old  
(Required for your child to be considered registered in AWANA)

Emergency Phone # \_\_\_\_\_ Other \_\_\_\_\_

You have my permission to publish any pictures of my child(ren)

Please supply insurance information below and keep us updated if any changes occur during the club year.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Name of Primary Policy holder \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Please list any special needs or allergies below with the clubbers name:

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