

INFORMATION

1. Name: _____ B/Day: ____/____/____ Grade:____ School:_____

Club:_____ Uniform Size:_____ Handbook: _____

2. Name: _____ B/Day: ____/____/____ Grade:____ School:_____

Club:_____ Uniform Size:_____ Handbook: _____

3. Name: _____ B/Day: ____/____/____ Grade:____ School:_____

Club:_____ Uniform Size:_____ Handbook: _____

4. Name: _____ B/Day: ____/____/____ Grade:____ School:_____

Club:_____ Uniform Size:_____ Handbook: _____

Mailing Address: _____

City: _____ Zip Code: _____ Home #: _____

Parent/ Guardian Names: _____ Cell #: _____

E-mail address: _____

Home Church: _____

MEDICAL RELEASE

I _____ hereby give consent for the above child(ren) to participate in the Ojai Valley Baptist Church Awana Club. I understand that physical games are played each week. I understand that first aid will be given to participants as needed. I authorize and assume financial responsibility for any medical treatment beyond first aid, in the event of a medical emergency that may endanger the life, cause disfigurement, physical impairment or undue discomfort if treatment is delayed. I hereby agree to hold Awana Clubs International and Ojai Valley Baptist Church harmless from any liability or responsibility in this regard. Club leadership will make every effort to inform you or your designee of any serious medical situation involving your son/daughter. This consent covers the regular weekly activities, and any off campus events.

This release shall remain in effect from September 12, 2017 until May 22, 2018.

Parent or Legal Guardian Signature _____

Medical Group/ Carrier _____ Policy # _____

Doctor _____ Phone # _____

Emergency Contact _____ Relationship _____

Home # _____ Cell # _____

Please list any medical conditions or allergies (food, bee stings, etc...) _____

PERSONAL IMAGE RELEASE

During the club year videos and photographs will be taken, and slideshows will be shown of your Clubber(s). Your signature below grants permission for Ojai Valley Baptist Church to use videos, photographs, and/or slides of your child for publicity purposes.

Parent / Guardian _____ Date: _____