

**FIRST BAPTIST CHURCH OF ASHLAND
AWANA CLUB**

MEDICAL AND LIABILITY RELEASE FORM

2016-17

CLUBBER INFORMATION:

NAME: _____ TELEPHONE #: _____
CELL PHONE #: _____

ADDRESS: _____ GRADE: _____ BIRTHDAY: _____

CITY: _____ ZIP: _____ E-MAIL: _____

EMERGENCY INFORMATION

PARENT/GUARDIAN: _____ HOME PHONE #: _____
WORK PHONE #: _____
CELL PHONE #: _____

In the event that the above person cannot be reached, please call:

NAME: _____ HOME PHONE #: _____
WORK PHONE #: _____
CELL PHONE #: _____

DOCTOR: _____ TELEPHONE #: _____

NAME OF MEDICAL INSURANCE CARRIER: _____ POLICY #: _____

Can your child be given medication, if necessary? Tylenol __ Advil
Yes No Yes No

Every activity sponsored this year for AWANA will be carefully planned and adequately staffed by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form the parent/guardian agrees to assume and accept all risks and hazards that could occur with an AWANA activity. I hereby also agree not to hold this church or its volunteer workers liable for damages, losses, or injuries to the child named above. The parents/guardians understand that they are signing for the minor child listed on this form and the signature is for both a Medical/Liability Release.

This authorization shall remain in effect from **September 1, 2016 to September 1, 2017** and will be kept on file at First Baptist Church to be used for AWANA activities during the club year.

Date: _____

Signature of Parent or Legal Guardian