

CHILD(REN'S) INFORMATION

First Evangelical Free Church AWANA Clubs
1407 Kate Shelley Drive 432-7690
Boone, IA 50036 firstfreeboone@gmail.com

Date _____

Child's Name _____
M F Birth date _____ Grade _____
Allergies, Medications, Special Instructions:

 Registration fee paid Date: _____

Child's Name _____
M F Birth date _____ Grade _____
Allergies, Medications, Special Instructions:

 Registration fee paid Date: _____

Child's Name _____
M F Birth date _____ Grade _____
Allergies, Medications, Special Instructions:

 Registration fee paid Date: _____

Child's Name _____
M F Birth date _____ Grade _____
Allergies, Medications, Special Instructions:

 Registration fee paid Date: _____

Parents/Guardians
Name(s) _____
Address _____
City, State, Zip _____
Cell Phone _____ Home Phone _____
Email _____
Home Church _____

Emergency Contact Phone (Other than par-
ents/Guardians): _____
Emergency Contact Person: _____
Relationship to Child(ren): _____

AWANA Club Emergency Medical Permit

To Whom It May Concern:

As a parent /guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment with emergency circumstances in my absence.

Signature _____ Date _____

Relationship to Minor Child _____

Physicians Name _____

AWANA Clubs Photo Release

I hereby consent to and authorize the use and reproduction by AWANA Clubs or First Evangelical Free Church of Boone (FEFC Boone), or anyone authorized by AWANA Clubs or FEFC Boone, or any and all photographs that have been taken of me and or/my child(ren) this AWANA year, for any purpose, without compensation to me. All negatives and positives, together with the prints, are owned by the AWANA Clubs. AWANA reserves the right to use these photographs in any of its prints or electronic publications. I hereby acknowledge that I have read and understood the terms of this release.

Signature _____ Date _____