



AWANA CLUB REGISTRATION
FORM
EMERGENCY MEDICAL
PERMIT

Hope Valley Baptist
Church
6900 Garrett Road
Durham, NC 27707
919-493-1809

REGISTRATION INFORMATION

Clubber's Name: _____ DOB: ___/___/___
Address: _____
(Street) (City) (Zip Code)
Phone: (____) _____ Cell: (____) _____ Age: _____ Grade: _____
Mother's Name: _____ Father's Name: _____
E-Mail Address: _____
Home Church: _____

In case of an emergency, contact _____
(Alternate Name) (Relationship)
by calling: _____ (**Please note that the emergency contact person should be available
at this number between the hours of 5:00 and 7:00 p.m. on Sunday evenings)

MEDICAL AUTHORIZATION AND RELEASE

As a parent and/or guardian, I do hereby authorize the treatment, by qualified and licensed medical pro-
fessionals, of the above named minor in the event of a medical emergency, which in the opinion of the
attending medical professional (s) , may endanger his/her life, cause disfigurement, physical impairment,
or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to
reach me. Dates when release is intended: September 2015 to May 2016

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

Specific medical allergies, chronic illnesses, or other condition: _____

Signature: _____ Witness: () Date: _____

Dues are \$20 per year (maximum of \$50 per family) Checks should be made payable to: Hope Valley Baptist
Church.

CLUB USE ONLY:

Circle the appropriate club: Cubbies Sparks K Sparks T&T Trek Journey

Dues Paid: _____ Book assigned: _____
Vest size: _____