

2005/06
IBC Awana Registration & Release Form

Clubbers Information-

Clubbers Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Age: _____ Grade: _____

Birthday: _____ Home Church: _____

Parent/Guardian(s) Name: _____

Medical Information-

In case of emergency contact: _____

Phone Number 1: _____ Phone Number 2: _____

Allergies: _____

Special needs, medications, or instructions: _____

Childs Physician: _____ Phone: _____

Do you have health insurance? Yes _____ No _____

Insurance company: _____ Policy #: _____

Medical Release - "In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Liability Release – Every activity sponsored by Immanuel Baptist Church, 6009 Pershing Blvd. Kenosha, Wisconsin, is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in transportation to and from the planned activity, and in any possible physical injuries that may be sustained as a result of participating in any activity on or off church property. They also agree not to hold this church or its employees or volunteer assistants liable for damages, loses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form, and that the signature is for both medical and liability release. I understand that the above information will be used within the context of Immanuel Baptist Church and will not be released on our web page, advertisement fliers or to the public.

Permission Release - Some nightly activities include short trips to Forest Park (located one block from the church) for games. These events are supervised and this permission is limited to these activities. All other activities leaving the church property will require activity specific permission forms.

By signing below I am acknowledging that I understand and I am agreeing to the Medical Release, Liability Release, and the Permission Release and that I am a parent or guardian with legal custody of the minor listed above.

Parent or Guardian: _____ Date: _____