

VICTORY BAPTIST CHURCH AWANA REGISTRATION

Year 2021 thru 2022

3 YEARS OLD – EIGHTH GRADE

CLUBBER INFORMATION:

Name	Age	DOB	School	Grade	Special Needs

MEDICAL CONSENT:

Allergies (Food, drugs, stings or bites): _____

Family Physician: _____ **Phone:** _____

The above-named participant(s) and, if participant is a minor, the legal custodian thereof, hereby consent to the participation of participant in the before-referenced activity conducted under the sponsorship of Victory Baptist Church, Roane County, Tennessee, an incorporated organization; its agent, servant, and member. In making such consent, participant and custodian acknowledge that they understand that there are risks to both persons and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission to Victory Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Victory Baptist Church, its agents, servants and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Victory Baptist Church, its agents, servants and members by virtue of the sponsorship and supervision of such activity and the participation therein by participant.

Participant and custodian hereby authorize and consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver, and release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Victory Baptist Church at its office of P.O. Box 551, Roane County, Kingston, Tennessee 37763.

DATE: _____ **PARENT OR GUARDIAN SIGNATURE:** _____

PARENT/LEGAL GUARDIAN INFORMATION:

	NAME	Location During Club Time	Number to call
Mother			
Father			
Legal Guardian			

Email address _____

Street Address: _____

City: _____ **Zip Code:** _____

Family Home Church: _____

OTHER EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP TO CLUBBER	PHONE

ADULT (OTHER THAN PARENT) BRINGING CHILD TO CLUB INFORMATION:

NAME	LOCATION DURING CLUB	PHONE