

# Saint Philopateer Coptic Orthodox Church Awana Registration Form

<b>Name</b>	Sex (circle) Male Female				
<b>Address</b>					
<b>City</b>	State	Zip			
<b>Phone</b>	Current Grade				
<b>Phone</b>					
<b>Birthdate</b>	Age				
<b>Parent's Names</b>					
<b>T Shirt Size :</b>	Puglies : 2 T 3T 4T 5T 6T    Cubbies : 4 5 6 7 8 10    Sparks : 6 8 10 12 14 16 T & T (3 <sup>rd</sup> and 4 <sup>th</sup> ) : 10 12 14 Adult S Adult M Adult L Adult XL T & T (5 <sup>th</sup> and 6 <sup>th</sup> ) : Youth M Youth L Adult S Adult M Adult L Adult XL Treks : Regular S Regular M Regular L Regular XL Regular XXL Ladies : Regular S Regular M Regular L Regular XL Journey : Regular S Regular M Regular L Regular XL Regular XXL Ladies : Regular S Regular M Regular L Regular XL Regular XXL				
<b>Email</b>					
<b>Emergency Contact: Name</b>					
<b>Emergency Contact: Phone</b>					
<b>Any special concerns or instructions:</b>					
<b>Brought by:</b>					
<b>Parent's Signature</b>					
<b>Puglies</b>	<b>3's 4's</b>	<b>Sparks</b>	<b>T&amp;T</b>	<b>Trek</b>	<b>Journey</b>
2's	5K 1 <sup>st</sup> 2 <sup>nd</sup>	3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>	7 <sup>th</sup> 8 <sup>th</sup>	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>	

# Saint Philopateer Coptic Orthodox Church

## Medical Release

### Awana Club Year 2014-2015

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/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.

Name of Minor: \_\_\_\_\_

This release will be in effect for the Awana Club Year 2014-2015

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company to be billed for any and all medical fees and services should they be needed and to release Awana Clubs International, its employees, and its charters from this liability.

Signature (parent/guardian)

Date Signed

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Ph: ( ) \_\_\_\_\_  
Ph: ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_

Relation to clubber: \_\_\_\_\_