AWANA Registration

Castro Valley First Baptist Church – 18550 Redwood Road
Castro Valley, CA 94546

Name_____

Address_____City, Zip Code_____

Phone #_____ Cell Phone #_____

Age_____Gender Male or Female Birth date_____Grade_____

Home Church_____

Parents' Names_____

Allergies or other concerns_____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR: (I)(We), the undersigned parents(s) of the aforementioned child, a minor, do hereby authorize Castro Valley First Baptist Church as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Art whether such diagnosis is rendered.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

AUTHORIZATION TO PARTICIPATE IN AWANA: (I)(We), the undersigned parents(s) of the aforementioned child, a minor, give permission for my child named above to join and participate in all activities related to or with the First Baptist AWANA program. Permission is granted for AWANA or First Baptist Church staff to photograph the minor and/or myself and use the pictures for advertising or promotional use.

Signature of Parent or Legal Guardian	Date	Main Insured's Name
Print Name	Relationship to Child	Parent's Business Phone
Doctor's Name	City	Phone Number
Insurance Carrier		Policy Number
In an Emergency Notify (Name of someone other than parent)		Phone Number

AWANA Volunteer Notification

___ **I am considering serving in AWANA this year and I would like additional information regarding serving opportunities. Please contact me. (Area of interest_____)**