

AWANA CLUBS INTERNATIONAL  
FELLOWSHIP BIBLE CHURCH  
4600 McCann Rd / P.O. Box 9340  
LONGVIEW, TX 75608-9340  
(903) 663-9591 www.longviewfbc.com

## CUBBIES AWANA REGISTRATION FORM

\*NAME \_\_\_\_\_  
\*ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
\*TELEPHONE NUMBER (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
\*FAMILY EMAIL ADDRESS \_\_\_\_\_  
\*PARENTS/GUARDIANS \_\_\_\_\_  
\*BIRTHDAY & AGE \_\_\_\_\_  
\*GRADE \_\_\_\_\_  
\*CHURCH \_\_\_\_\_

## AWANA CLUB ACTIVITY PERMIT

FELLOWSHIP BIBLE CHURCH

LONGVIEW, TEXAS

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or 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 by phone as the number listed above.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where child attends Awana Club from any liability therefore.

As a parent and/or guardian, I do herewith give my permission for my child to attend such said Awana Club event.

PRINTED NAME & SIGNATURE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESSES, OR OTHER SPECIAL NEEDS

OTHER CONTACT IN CASE OF EMERGENCY\* ( **someone who does not live in the immediate household**)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF LAST TETANUS SHOT IF KNOWN \_\_\_\_\_

\* Email address is important as most communications are sent out per email to families.