



三谷華人聖經教會  
Tri Valley Chinese Bible Church  
**Awana Club Registration Form**



Child's Name (First, Last)	Nickname	Birth date(mm/dd/yyyy)	Grade	Gender	Club
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____

Parent/Guardian

Father \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Family Church \_\_\_\_\_

Fellowship Group \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group# \_\_\_\_\_

Insurance phone # \_\_\_\_\_ Doctor Name and Phone \_\_\_\_\_

**Special needs (allergies, meds)** \_\_\_\_\_

**Emergency contact name and phone# (other than parents)** \_\_\_\_\_

**Medical Release:** I hereby give my permission to the physician or dentist selected by TCBC to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary, after every attempt to contact the parent, guardian and/or other emergency contact has failed. I further agree that I am fully responsible to pay all charges and expenses relating to such care and treatment. My signature below serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by my insurance. My signature below also serves as a medical release for the above mentioned child.

I have read and agree to the terms and conditions stated above

X \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

Book, uniform	_____
Helper signup	_____
Fee	_____