



AWANA Clubs Registration

Use the form below to register students who are DOD/military dependents. Child watch is ONLY available for children of program volunteers on the days the adult is present. Please return the forms to Pope Chapel 315 Etheridge Street Pope AAF. If you have any questions please contact Jeff Nevin at 394-1351 email: jeffrey.nevin@us.army.mil

Clubber's Name _____ Birthdate _____ Grade _____ Age _____

Parent's Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Email _____ Church _____

Brought By _____ AWANA Books Completed _____

Medical Release Form

To whom it may concern:

As a parent and/or guardian, I authorize the treatment by a qualified, licensed, medical doctor of the following minor 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 _____ Relationship _____

Home phone # _____ Work Phone # _____

Family Physician _____ Phone # _____

Insurance Co. _____

Please list any medical allergies, chronic illnesses, or other conditions _____

Other contacts in case of an emergency:

Name _____ Phone # _____

Name _____ Phone # _____

I hereby give permission to the Religious Education department leaders of Fort Bragg to seek medical treatment for my child if my spouse or I cannot be reached. *I will volunteer at AWANA at least once during the program year.* I also give permission for pictures or videos to be taken of my child, for program, advertisement or publicity reasons, while participating in the AWANA program.

Signed _____ Date _____

(Father, Mother, Legal Guardian)