



# Varsity Registration/Medical Release Form

(For Sunday night program and all supervised Varsity outings)

Gold Country Baptist Church, Shingle Springs, CA (530) 677-4122

Transfer from \_\_\_\_\_ Awana club. Please provide proof of completed books.  
*Name of church*

**PLEASE PRINT IN INK**

Student's legal name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*First* *Middle* *Last*

Gender:  Male  Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_      Grade: \_\_\_\_  
*Month* *Day* *Year*

Family Church: \_\_\_\_\_ School: \_\_\_\_\_

Student's Home Phone: (\_\_\_\_) \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Number & Street* *City* *Zip Code*

Mailing Address (if different): \_\_\_\_\_  
*P.O. Box or Street* *City* *Zip Code*

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy/MR Number: \_\_\_\_\_

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

Date of last tetanus inoculation: \_\_\_\_\_  
*Month/Year*

**PARENT / GUARDIAN / FAMILY INFORMATION**

<input type="checkbox"/> Father <input type="checkbox"/> Guardian	
NAME (first, last)	
HOME PHONE (____) _____	CELL PHONE (____) _____
LIVING WITH STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
NAME (first, last)	
HOME PHONE (____) _____	CELL PHONE (____) _____
LIVING WITH STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

In case I/we cannot be reached during an emergency, I/we the undersigned give permission for my/our child to be treated by a licensed physician if this emergency might endanger his/her life and/or cause disfigurement, physical impairment or undue discomfort by delaying treatment. Said physician is to administer whatever care is necessary, including anesthesia.

The undersigned assumes responsibility for any costs connected with such treatment and hereby releases Awana Clubs International, Gold Country Baptist Church of Shingle Springs, California and the driver of any vehicle transporting my child to a supervised Awana outing, from liability.

This release form is completed and signed of my/our own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my/our absence.

\_\_\_\_\_  
*Father/Guardian Signature* *Date* *Mother/Guardian Signature* *Date*

**In the event a parent or guardian cannot be reached in an emergency situation, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_