



September 18th - April 29th, 2019

Crusade Baptist Church
2982 Copley Rd.
Copley, OH 44321
(330) 665-1076

Wednesday Evenings 6:30—8:00 pm
Students 3 years old thru 6th grade
\$16.00 per child/per year dues:

Child's Name: Preferred Name:
Age: Date of Birth: Gender: Grade:
School Attending in the Fall:
Home Address: City, State, Zip:
Home Phone: Cell Phone: Other:
Father's Name: Mother's Name:
Child Lives With: Home Church:
Family E-mail Address:
Emergency Contact (other than parents:) Phone #

Crusade Baptist Church Medical Release

This child has a known health condition: If yes, please list the details of health condition.
(including allergies to specific medications or food):
Name of Medical Insurance: Insurance ID #:
Preferred Family Physician: Phone #:
Preferred Family Dentist: Phone #:
Preferred Hospital: 1) 2)

CONSENT FOR MEDICAL TREATMENT (minor): As the parent or legal guardian of the above named child, I understand that my child may participate in physical activities such as those held during Game Time. As with any physical activity, there is the risk of injury. I fully accept this risk and hold harmless from any legal liability, Crusade Baptist Church and any persons involved in the AWANA Club ministry. In the event of any emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs associated with any accident or treatment of my child.

Signature of Parent or Guardian: Date:

Photo Release

I give permission for photographs/video of my child to be used by Crusade Baptist Church..

Signature of Parent or Guardian: Date: