



Registration/Medical Release Form
 (For club meetings and all supervised Awana outings)
 Park Hills Christian Church 5701 Alabama St., El Paso, TX 79904

Club	<input type="checkbox"/> Cubbies (Pre-K ages 3-5)	<input type="checkbox"/> T&T (3-5)	<input type="checkbox"/> Journey (9-12)
	<input type="checkbox"/> Sparks (K-2)	<input type="checkbox"/> TREK (6-8)	

Transfer from _____ Awana Club. Please provide proof of complete books
 Name of Church _____

Clubber Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address _____	City _____ Zip _____
Date of Birth ____/____/____	Age ____ Grade ____ School _____
Family Church <input type="checkbox"/> PHCC <input type="checkbox"/> Other _____	<input type="checkbox"/> None

Father's Name _____

Father's Email _____ Cell Phone _____

Mother's Name _____

Mother's Email _____ Cell Phone _____

Pick-Up Authorization/Emergency Contact (can be contacted for pick-up or in case of an emergency and parent/guardian cannot be reached)

Name _____ Relationship _____

Name _____ Relationship _____

My child can be photographed for club slides/albums and publicity Yes No

Medical Information	
Physician Name _____	Phone _____
Address _____	Special Instructions _____
Health Insurance Provider _____	Policy # _____
Specific medical conditions, such as Food or Drug Allergies, Diabetes, Chronic Illnesses or other conditions	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain _____	

Emergency Authorization

I hereby authorize the leaders of PHCC to act on my behalf when I cannot be contacted IN CASE OF AN EMERGENCY, resulting in the need of medical attention for my son/daughter/ward named above. I also agree to hold harmless the leadership and Park Hills Christian Church from any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse Park Hills Christian Church for all medical expenses.

Parent/Guardian Signature _____ Date _____