

**Approved Workmen Are Not Ashamed**  
**II Timothy 2:15**

<input type="checkbox"/>	<b>Cubbies</b> Pre-School
<input type="checkbox"/>	<b>Sparks</b> K-2nd Grade
<input type="checkbox"/>	<b>Truth &amp; Training (T&amp;T)</b> 3rd-6th

Victory Christian Fellowship  
500 East Lane, P.O. Box 8  
Jewell, Iowa, 50246 515-827-6015  
Registration # 16005

**Awana Club Registration**  
**2009-2010**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Parents Name \_\_\_\_\_

As a parent/guardian, I do herewith authorize treatment under the direction of any licensed physician of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or 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 by phone a the number listed.

Family Physician \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions:

Date of last tetanus shot \_\_\_\_\_

**Other contact in case of emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_