

Approved Workmen Are Not Ashamed
II Timothy 2:15

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

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

Awana Club Registration
2008-2009

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 _____