

Please return no later than December 16, 2009



CONSENT FOR PARTICIPATION AND MEDICAL TREATMENT

**Central Christian Church
2900 N Rock Rd, Wichita, KS 67226**

I hereby consent to let my child, _____ ,
(Student Name)

to participate in the Spark – A- Rama or Awana Games at Valley Center High School on Feb. 6, 2010 and 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 authorization is granted only after a reasonable effort has been made to reach me by phone at the numbers listed below.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby release Central Christian Church, AWANA Clubs International, the AWANA Missionary, the chaperons, and the host location for the event from any liability therefore.

Signature: _____ Date: _____

Printed Name: _____

Child's Birthday: _____ Child's Grade: _____

Phone: _____ Alternate Phone: _____

Address: _____

E-mail: _____
(this is used only for internal purposes to keep you informed of changes to scheduling, etc.)

Family Physician: _____ Phone: _____

Insurance Company: _____

Name of Employer: _____ Group Policy #: _____

Name of Primary Insured: _____

Insurance ID or Social Security#: _____

Next relative or responsible party: _____

Phone for responsible party: _____ Alternate Phone: _____

T-SHIRT INFORMATION:

- Youth Small (6-8)
- Youth Medium (10-12)
- Youth Large (14-16)
- Youth Extra Large (16-18)
- Adult Small

Other (please specify): _____
(if there is a doubt on the size, please opt for the larger)