



Parkview Baptist Church
 5805 S. Sheridan Rd - Tulsa, Ok.
 74145 # 918-494-3755
www.parkviewbaptist.org

Registration Card

Child's Name _____ Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone Numbers:

Home _____ Work _____ Cell _____

E-mail: _____ Uniform Size (uniforms run small) _____

Grade: _____ School: _____

Medical or other information we need to know (Please include any food allergies.)

Emergency Contact:

Name _____ Phone number _____

Name _____ Phone number _____



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Name _____ Phone number _____

Emergency Medical Release Waiver

I, the Parent and/or guardian of _____ do hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child permission to participate in Parkview Baptist Church's Awana Club. I thereby, release, discharge, and hold harmless Parkview Baptist Church, its employees, volunteers, and other representatives from any other claims arising out of or relating to any physical injury that may result in said minor while participating in ANY Parkview Baptist Church sponsored events. In the event that there arises an emergency necessitating medical, surgical, or dental attention, I hereby consent to Parkview Baptist Church or its representatives or any attending physician or dentist to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. Further, I acknowledge and consent to have our child photographed and videotaped for the purposes of Parkview Baptist Church advertising and promotion.

Signature of Parent or Guardian: _____

Date: _____

Insurer: _____

Policy Number: _____

Doctor's Name: _____

Insurer Phone Number: _____

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