

AWANA

PERMISSION TO PARTICIPATE AND MEDICAL RELEASE

1. Child's Name _____ Birthdate _____ Age _____ Grade _____ Male _____ Female _____
 2. Child's Name _____ Birthdate _____ Age _____ Grade _____ Male _____ Female _____
 3. Child's Name _____ Birthdate _____ Age _____ Grade _____ Male _____ Female _____
 4. Child's Name _____ Birthdate _____ Age _____ Grade _____ Male _____ Female _____
 Responsible Parent(s) or Guardian _____
 Address _____ City _____ Zip _____
 Is this address where the above child(ren) reside(s)? Yes No _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Emergency Contact _____ Relationship _____ Phone # _____
 Emergency Contact _____ Relationship _____ Phone # _____

Please enroll the child(ren) listed above in Awana at Immanuel Baptist Church. I understand they will be under the care and guidance of trained adult sponsors. I give permission for my child(ren) to participate fully in weekly Awana activities. I understand I will be informed of all special events and off-site trips, details about involvement, and have the opportunity to decide whether my child(ren) will participate in activities on dates other than Wednesday. I understand a \$10/child participation fee is requested. If this is a financial burden, it is my responsibility to request a scholarship from the Commander.

I appreciate the safety measures to protect my child(ren) and understand I will be responsible for checking my child(ren) in each Wednesday and picking each child up with a coordinating label that will be provided.

By individual child, please list any physical restrictions he or she has that would limit participation in any activity. _____

By individual child, please list any medical allergies, medications being taken, or other pertinent medical information. _____

Does your family regularly attend a local church? Yes No If yes, where? _____

Is there anything else we should know to best meet the needs of your child(ren)? _____

As a parent, I would like to help if needed with: providing snacks/drinks; assisting at special events; listening to memorized Bible verses; providing candy/treats/prizes; helping with parties; other _____

In the unlikely event that medical treatment is required, I grant permission for a sponsor of Immanuel Baptist Church to secure the services of a licensed physician, and I grant that physician permission to provide the necessary care for the well-being of my child. I understand every attempt will be made to contact me prior to any treatment. I, the undersigned, do release, acquit, discharge, and hold harmless, Immanuel Baptist Church and its representatives, Awana Clubs International, or any attending physician from any and all damages or liabilities arising out of the treatment of any sickness or accident incurred by my child.

Date

Signature of Parent or Guardian

Study to show thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the Word of Truth
(II Timothy 2:15)

Sponsored by the Children's Ministry of the Global Outreach Center of Immanuel Baptist Church
479.636.1230 2555 South 26th Street, Rogers, AR 72758 www.ibcgoecenter.com

FOR OFFICE USE ONLY

Total Participation Fee Due _____ Amount Paid _____ Date _____ Amount Owed _____