



**Parent / Guardian**

**Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Church \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Church \_\_\_\_\_

Emergency contact during club time (other than listed above)

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

The following people (other than parents) are authorized to pick up my child / children:

\_\_\_\_\_  
 \_\_\_\_\_

**Children's Information**

Name	Nickname	Birth Date	Gender	Grade	School
_____	_____	__/__/__	M F	_____	_____
_____	_____	__/__/__	M F	_____	_____
_____	_____	__/__/__	M F	_____	_____
_____	_____	__/__/__	M F	_____	_____
_____	_____	__/__/__	M F	_____	_____
_____	_____	__/__/__	M F	_____	_____

Please list by child's name in the space provided.

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

- 1) I understand that my child / children may participate in physical activities such as those held during game time. As with any physical activity, there is risk of injury. I fully accept the risk and hold harmless from any legal liability, Mount Hermon Baptist Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child / children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I assume responsibility for all costs connected with any accident or treatment of my child.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana leaders only, I also give permission for photos of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from Awana club events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent or Guardian

