

Club Activity Permit

Wonder Lake Bible Church 7511 Howe Road Wonder Lake, IL 60097
Phone: 815-728-0422

Full Name of AWANA clubber: _____

Birthday: _____ Grade: _____

Address: _____

City/State/Zip: _____

Email address: _____

Phone Number: (home) _____ (cell) _____

Relationship to clubber (ie: parent, guardian, etc.): _____

Family Physician: _____

Physician Phone Number: _____

Specific medical allergies or chronic illnesses: _____

This form has been completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

As parent or guardian, I do herewith authorize treatment under the direction of a licenses physician for the above named AWANA clubber(s) in the advent of an emergency. The authority is granted only after a reasonable effort has been made to reach me by phone at the above number.

The undersigned assumes responsibility for any costs associated with treatment required and hereby releases Wonder Lake Bible Church and its AWANA program from liability.

Intended Dates for this release form are **September 2025 through April 2026 on Wednesday Club Nights** and for any AWANA sponsored outing (ie: Roller Skating Outing, etc.).

Signed: _____ Date: _____

Printed Name: _____

****Please note:** Photographs and footage will be taken throughout service and events at the church. These will be used by the church for marketing and publicity in our publications, on our website and in social media.