

2022/2023 AWANA Clubber Information & Permission Slip

One form per child - Please print

Clubber's Name: _____ Club: _____

Age: _____ Gender: _____ Birth date: _____ Grade: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Do you regularly attend church? _____ If yes, which church? _____

Alternate Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Medical Information:

For the safety of your child, please indicate any known conditions:

<input type="checkbox"/> Drug/Food Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Asthma
<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Physical Disorder	<input type="checkbox"/> Emotional Disorder	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Other

If you have checked any of the above, please give details: _____

FINANCIAL RESPONSIBILITY

In the event of injury or illness to my child/ward, I agree that I/we and my health care insurer will be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any AWANA related activities.

RISK

(Athletics, games, travel, hiking, climbing, projects, weather, hobbies, and other related activities.) I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against Calvary Evangelical Free Church, staff, sponsors or volunteers as a result of any injury suffered in the course of my child/ward's participation.

AGREEMENT

I, the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of this AWANA program bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility, in the case of an emergency. The medical/dental care is to include, but is not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

My child will follow all rules and guidelines regarding behavior and clothing standards as laid out in the Parent Handbook. All the above information has been supplied to me. I have read and understand the terms of this agreement.

Signature of Parent or Legal Guardian: _____ Date: _____