

Parent / Guardian Contact Information:

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

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 Address _____ Cell Phone _____
 City _____ State _____ Zip _____ Other _____
 Email: _____ Home Church _____

Emergency contact during club time (*other than listed above*):

Name _____ Relationship _____ Phone _____
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The following people (*other than parents*) are authorized to pick up my child / children:

Children's Information:

Name	Birth Date	Gender	Grade	School	Invited by (if applicable):
_____	____/____/____	M F	_____	_____	_____
_____	____/____/____	M F	_____	_____	_____
_____	____/____/____	M F	_____	_____	_____
_____	____/____/____	M F	_____	_____	_____
_____	____/____/____	M F	_____	_____	_____

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

Allergies: _____

Special Needs: _____

- 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.
- 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.
- I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana leaders only, I also give permission for photos of my child to appear among other general club photos as long as there is no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.
- 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 grant permission to be included in the Awana Parent Group Text Blasts to be kept informed of News and Updates.
I have read and agree to the Terms and Conditions stated above.

X _____ Date _____

Signature of Parent or Guardian

