

**Village Bible Church, Grace Campus 2011-2012 Awana Club
Permission/Medical Release**

Parent /Guardian (circle one) Name(s) _____

Home Address _____ City _____ Zip _____

Home Phone _____ E-Mail _____

Cell Phone(s) _____

Emergency contact (In case you cannot be reached):

Name _____

Phone _____ Relationship _____

Physician: Name _____ Phone _____

Please fill out for all K-6th-grade children in your family who will be attending Awana:

Child 1: Name _____ Grade ____ Sex ____ Birth date __/__/__

Specific allergies/chronic illnesses/other conditions _____

Child 2: Name _____ Grade ____ Sex ____ Birth date __/__/__

Specific allergies/chronic illnesses/other conditions _____

Child 3: Name _____ Grade ____ Sex ____ Birth date __/__/__

Specific allergies/chronic illnesses/other conditions _____

Child 4: Name _____ Grade ____ Sex ____ Birth date __/__/__

Specific allergies/chronic illnesses/other conditions _____

Child 5: Name _____ Grade ____ Sex ____ Birth date __/__/__

Specific allergies/chronic illnesses/other conditions _____

In registering your child(ren) for participation in Awana, you are giving consent for your child(ren) to participate in all Awana activities sponsored by Village Bible Church. In the event that he or she is injured while under the care of Village Bible Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. I further agree to hold Village Bible Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment. I understand the nature of the events and do hereby release Village Bible Church and its representatives from any liability due to accident or injury incurred by my child. I agree to cover all costs if my child(ren) need to be sent home for disciplinary reasons. Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency.

Parent /Guardian

Name: _____

Signature: _____

Relationship: _____

Date: _____

PHOTO DISCLAIMER:

All registrants and participants permit the taking of photographs and videos of themselves and their children during Awana activities for publication and use as Village Bible Church deems appropriate. Individuals will not be identified by name.