CALVARY AWANA!

| For Children 3 years-6th Grade|

Parent/Guardian Information

Name of Parent/Guardian (1) _____ Contact # _____

Name of Parent/Guardian (2) _____ Contact # _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Home Church (if applicable):

_____

Emergency Contact (Other Than Parents/Guardians to Contact During AWANA hours):

Name _____ Contact # _____

Name(s) of those who can pick up child(ren)from AWANA:

_____

_____

_____

_____

AWANA Club Member(s) Information

Name(s) of Child(ren): Last Name_____ First Name_____ Grade:_____

Last Name_____ First Name_____ Grade:_____

Last Name_____ First Name_____ Grade:_____

Last Name_____ First Name_____ Grade:_____

Necessary Information Needed (Allergies, Medications, Special Needs, etc.):

_____

_____

_____

_____

☐ YES --- My child(ren) will be riding the Calvary church bus this AWANA year.

_____ If my child(ren) is not going to ride the bus on a certain night I will call the church by Noon that Wednesday to let the bus driver know.

☐ NO --- My child(ren) will NOT be riding the Calvary church bus this AWANA year.

Terms and Conditions

Please INITIAL each statement after reading if you accept them, and then sign, indicating you have or have not given permission to some or all of the four items below.

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 a risk of injury. I fully accept this risk and hold harmless Calvary Baptist Church and any persons involved in the AWANA Club ministry from any legal liability.

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 well-being. I assume responsibility for all costs connected to any accident or treatment of my child.

3)_____I grant permission for AWANA volunteers to take photos of my child/children during AWANA. These photos may be used for promotional material, flyers, church presentations, etc., with no expectation of compensation to those in any said material.

4)_____I grant permission for my child to travel to/from AWANA club events with adult leaders. Any such event will be clearly communicated to me beforehand.

I have read and agreed to the Terms and Conditions stated above:

_____ _____

Signature of Parent/Guardian Date