

AWANA Contact Information and Permission Authorization

Clubber Name: _____ Parent/Guardian Name: _____
Physical Address: _____ Mailing Address: _____
City: _____ State: ___ Zip: _____ City: _____ State: ___ Zip: _____
Home Phone: _____ Cell Phone: _____ Home Church: _____
E-Mail Address: _____ Emergency Contact: _____ Phone: _____

Individuals authorized to pick up child from club: _____

Parent Location on Campus: __Choir __AWANA __Middle School __Bible Study: _____

Clubber Birthday: _____ Clubber Age: _____ Clubber Grade 2011/2012: _____ Clubber School: _____

Clubber Siblings (Names/Ages): _____

Medical Conditions (Allergies/Health Issues): _____

Physical Limitations: _____

I hereby give my permission to the VBC Children's Ministry Director(s)/Awana Commanders to seek any and all medical attention for my child in an emergency. It is expressly understood that no medical coverage is afforded by Verde Baptist Church and those participating. I agree to protect, indemnify, save and keep harmless Verde Baptist Church and those specifically acting in behalf of Verde Baptist Church from any and all claims, loss, cost, damage or expense arising out of, or from any accident or any other Occurrence, causing injury to any person or property during AWANA Clubs.

Parent/Legal Guardian

Date