

Please Circle Grade in School: Pre-K: 2Yr or 3-4Yr K 1 2 3 4 5 6 7 8 9-12

Awana Permission Slip & Emergency Contact Information

Child's Name _____ Birth Date ____/____/____

Address: _____

Phone Number: _____ Family e-mail address: _____

I, _____ am the parent/legal guardian and consent to participation in all Awana activities under the supervision of the Awana Leadership Team at Snow Hill Free Will Baptist Church (SHC).

To the fullest extent permitted by law, I release SHC, its officers, directors, employees, agents and representatives from any injury, harm, damage which may occur to my minor child while participating in activity. I agree to save and hold harmless any claims arising out of my child's participation in the activity.

I authorize the following people to pick up my child (ID will be required):

1) _____
Name Relation to child Address Phone

2) _____
Name Relation to child Address Phone

Please list phone numbers where you may be reached during the Awana program:

Home _____ Cell _____

Other _____

Emergency Contact of another person if you can not be reached:

1) _____
Name Relation to child Address Phone

Please indicate any medical restrictions (children will be involved in physical activity), medications (inhalers, epi-pen, etc.)/allergies/medical concerns:

May we mail a birthday card to your child? Y N

May we take pictures of your child to use for end-of-year slide show and/or Awana advertising? Y N

Please indicate Awana Uniform Vest/Shirt Size: _____

Parent/Guardian Signature _____ Date _____