

Vicksburg Bible Church AWANA Clubs

2011 - 2012

Child's Name: _____ Age: ____ Birth date: __ - __ - ____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____ Parent's Cell Phone: _____

Parent(s) Names:

Emergency, contact: _____ Phone: _____

Allergies or other medical conditions:

Permission to Participate

I, _____, give my permission for my
(Parent or Guardian)

daughter/son to participate in the Awana Clubs and related events sponsored by Vicksburg Bible Church to be held at Vicksburg Bible Church, September 2011 through September 2012. Should medical treatment be necessary I authorize VBC leadership to act on my behalf and approve appropriate treatment.

Date: _____ Signature: _____
(Parent or Guardian)

Release of Liability

We/I the parent(s) or legal guardian of _____ do hereby release from any liability Vicksburg Bible Church and any and all adult sponsors or church staff in the event of any accident en-route, during, and returning from events related to the Awana Clubs. We further express our appreciation for the church organization of the event and the adults who are giving their time for the event to happen.

Date: _____ Signature: _____
(Parent or Guardian)