



Vicksburg Bible Church
2010 - 2011

Please Circle Your Child's Club:



Child's Name: _____ Age: _____ Birthdate: __-__-__

Street Address: _____ School Grade: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Parent's Cell Phone: _____

Parent(s) Names: _____

Email Address: _____

In case of Emergency, contact: _____ Phone: _____

Allergies or other medical conditions: _____

Name of home church, if any: _____

My child may be released at the conclusion of each Awana night to **ONLY** the following people:

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 2010 through April 2011. Should medical treatment be necessary I authorize VBC youth leaders 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 enroute, 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)