



Clubber Contact Form

Name _____

Address _____

Parent or Guardian's name _____

Phone _____ Receive Text Alerts Yes No

Age _____ Grade _____ Birthday _____

Allergies: _____

Office Use Only

Registration Fee Date _____

Cash _____ Check _____

Awana PERMISSION SLIP & MEDICAL RELEASE FORM

_____ has my permission to use transportation

(Child's Name)

provided by Grace Baptist Church, 1097 Fett Avenue, Lima OH 45801, to attend and participate in Awana at Grace Baptist Church for the 2015~2016 year.

I understand that Grace Baptist Church, and the Awana chaperones involved with Grace Baptist Church, are not liable in case of an accident or injury. I understand that all precautions will be taken to provide safe transportation and facilities. I also understand that my child will be traveling to and from the church on a van or vehicle driven by a person on behalf of Grace Baptist Church. If I have any questions, I will call the church.

I understand that I will be notified in case of a medical emergency involving my child. However, in the event that I cannot be reached, I hereby authorize Grace Baptist Church to contact medical personnel and provide necessary medical services in the event that my child is injured or becomes ill. I also understand that Grace Baptist Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

*** Please list any important medical information that would be vital in case of an emergency:

Printed name of parent/ guardian

Signature of parent/ guardian

Telephone number – circle one: HOME WORK CELL

Date