

Awana Permission Form

Clubber Information

Child's Name: _____ Birthday _____ Grade _____

Address: _____ City _____ State _____ Zip _____

Food Allergies _____

Parent / Guardian Information

Mother Name: _____ Home Phone: _____ Cell Phone _____

Fathers Name _____ Home Phone: _____ Cell Phone _____

Child Resides with (Check One) Both Parents () Mother() Father() Other _____

Emergency Contact (if you Can Not be reached)

Name: _____ Phone _____ Cell _____

Relationship to child? _____

Permission to Render Emergency Care

If an emergency arises that requires immediate medical attention and you and the emergency contacts can not be reached, we will Call 911.

Insurance Company Name _____ Phone _____

Group or Policy # _____ Name Insurance is under _____

Allergies to Medication _____ Any Medical Conditions _____

Permission to Participate

I give my child permission to participate in the Awana program at Dayspring Christian Fellowship. I will in no way, hold Dayspring Christian Fellowship, Awana or the Awana leadership (Pastor, Commander, Directors, Leaders or helpers) responsible for injuries that may occur during Awana activities and classes. I understand that I am responsible for making sure my child is dressed in such a way to reduce the chance of injury that may occur during game time. Appropriate dress is long pants and tennis shoes. **NO OPEN TOE SHOES or BARE FEET ARE ALLOWED.**

Awana Starts at 6:45pm and is Dismissed at 8:00pm

To ensure safety to all children, I will enter the building to pick up my child. No child will be allowed to wait in the parking lot!

I agree to all the conditions and terms of the Dayspring Christian Fellowship Awana Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

