

# Calvary Bible Church Awana Club 2019-2020

Name: \_\_\_\_\_ Club (circle one): Cubbies (min age 3 yrs) Sparks (min age 5 yrs) T&T (min age 8 yrs)

*\*Please note minimum age must be attained by Sept 30th of the club year.*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Church Currently Attending: \_\_\_\_\_

Are there any allergies, medical issues or special circumstances we should be aware of? Please detail...

\_\_\_\_\_

The following people are allowed to pick my child up after club or a club event...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

We will only release children to the persons listed unless requested when you drop your child off. Please ask people picking your child up to have identification.

## PERMISSION FORM FOR ANY AWANA ACTIVITY DURING THE 2019-20 CLUB YEAR.

Should my child attend any CBC Awana activities during the 2019-20 calendar year, I give my permission to the CBC Student Ministry leaders and chaperones to seek medical attention if necessary as stated below.

I hereby authorize all the CBC Awana leaders to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by CBC Awana leaders may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort will be made to notify me (parents/guardians) before such action will be taken. I agree to accept responsibility for the cost of above medical services through my standard family insurance coverage, and I have listed that information below.

## PHOTO RELEASE

I understand that photographs and videos will be taken during the club and at special events. With respect to photographs and video taken of my child, individually or as part of a group, I give permission for those videos and photographs to be used in any medium and for any purpose whatsoever including illustration, promotion, and advertising (excluding anything illegal or immoral)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

Address (City, State, Zip) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_