



Permission Slip

Dear Parents,

Please help us with our records by filling out this permission slip and returning it with your child to our next club meeting.

Name:

Address:

City: State:

Zip Code: Phone #:

Age: Grade: Birthday:

Church:

Parent/Guardian:

Health problems, allergies, or restrictions in game participation?

Physicians name:.....
Phone #:

In case of an emergency and we are unable to reach you, who should we contact? :

Name: Phone #:
Relation to child:

I hereby give my permission for to attend regular and any special activities (such as AWANA Games, camping trips, etc.) planned by AWANA clubs. My child may receive medical treatment if injured during any AWANA activity of the club year.

We have added an AWANA web page to our church website and periodically will be posting pictures from our club. If you will allow your child's picture to be posted on the website please check below.

Feel free to post my child's picture on the website. Clubber's names will never be posted.

Signed:

Thank you for your cooperation!

AWANA Club #9821
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 Hudson Oaks, TX 76087
 Lakeshorebaptist.com / Ministries / Children & Youth / AWANA