**Pleasant View Baptist Church Children’s Ministries Contact Information and Permission Authorization**

Activity / Event: \_\_\_\_\_\_\_\_\_\_\_\_\_AWANA 2021-22\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / Times: \_\_\_\_\_\_\_September thru April\_\_\_\_\_\_\_\_\_6:30PM - 8:00PM\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check if # is a cell phone Able to receive texts? yes no

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren) Name(s) Age Birthdate Current Grade in School Medical Notes/Allergies

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Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals authorized to pick- up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions**: In consideration to be able to participate, I give permission for my son/daughter to attend the above activity. In the event of injury, I release Pleasant View Baptist Church (PVBC) from any claim. If I cannot be contacted, I give permission for the person in charge to seek medical services if needed. I give permission for my son/daughter to utilize transportation provided by the church. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

I am the parent or legal guardian of the above-mentioned child(ren). I release and hold harmless PVBC and its agents and employees from and against any claims or liabilities arising from the COVID-19 virus, playing games, doing crafts, or any injury related to the event, or photographs to be used in Awana by PVBC only, to the fullest extent permitted by law. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

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

 Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_