

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

Activity / Event: _____ AWANA 2023-24 _____ 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: _____