

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

Activity / Event: AWANA 2025-26 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: \_\_\_\_\_

Church Currently Attend: \_\_\_\_\_

| 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: \_\_\_\_\_