

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

Activity / Event: AWANA 2026-2027 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

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 also give permission for photos/video my child may be in to be used solely for internal church purposes (not to be posted or made public). \_\_\_\_\_ (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 any illness, 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: \_\_\_\_\_