



Dayspring Christian Fellowship AWANA Permission Form

www.dayspringchristian.org

Child's Name: _____ DOB: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Food Allergies: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Family Email Address: _____

Child resides with (check one):

Both Parents Mom Dad Other: _____

EMERGENCY CONTACT (if you can not be reached):

Name: _____ Phone: _____

Relationship to child: _____

EMERGENCY CARE:

If an emergency arises that requires immediate medical attention and you or your emergency contact can not be reached, we will call 911.

Insurance Company: _____ Phone: _____

Group or Policy #: _____

Name Insured is under: _____

Medical conditions or allergies: _____

The following people can pick up my child:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Child's Name: _____ Club: _____
(Cubbies, Sparks, TnT Boys, or TnT Girls)

PERMISSION TO PARTICIPATE:

_____ I give my child permission to participate in AWANA program at Dayspring Christian Fellowship. I will in no way, hold Dayspring Christian Fellowship, AWANA, or AWANA leaders (Pastor, Commander, Directors, Leaders, or Helpers) responsible for injuries that occur during AWANA activities.

_____ I understand that I am responsible for making sure my child is dressed in such a way to reduce the chance of injury that may occur during game time. Appropriate dress is long pants and tennis shoes. **NO OPEN TOE SHOES OR BARE FEET ALLOWED.**

_____ AWANA starts at 6:30 p.m. and is dismissed at 8:30 p.m. The earliest that AWANA participants can check in is 6:15 p.m. To ensure the safety of all children, parents must enter the building to pick up children. No child will be allowed to wait in the parking lot.

_____ Pictures and videos of my child may be used for promotional purposes.

I agree to all the conditions and terms of the Dayspring Christian Fellowship AWANA program.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____