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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity / Event: AWANA** | | | | **Date / Times: SEPT 2019-MAY 2020 WED EVENINGS WEEKLY** | | | |
| **Parent/ Guardian Name:** | | | Parent or Guardian | **Phone Number:** | Phone | | **Is this a cell phone?** Y or N |
| **E-mail:** | Email | | | **Can you receive texts?** Y or N | | | |
| **Address:** | | Address | | **City / State / Zip:** | | City State & Zip | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Birth | Gr. | Med. Notes/Allergies |
| Name | Age | Birth | Gr. | Med. Notes/Allergies |
| Name | Age | Birth | Gr. | Med. Notes/Allergies |
| Name | Age | Birth | Gr. | Med. Notes/Allergies |
| Name | Age | Birth | Gr. | Med. Notes/Allergies |

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| --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact: | Emergency Contact | | Phone: | Phone | Relation: | Relation |
| Individuals authorized to pick- up your child: | | Ind Authorized | | | | |

**Permissions**: In consideration to be able to participate in this event/trip, 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.

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 playing games or doing crafts or related to the use, to the fullest extent permitted by law. Initials (Initial)

Parent / Guardian Signature: Signature

Name (Printed) Print Name Date: Date