

**\*\*\*Parents, please fill out a separate permission slip for each clubber.**

**Permission Slip**  
GRACE BAPTIST CHURCH  
2011 - 2012

In consideration for \_\_\_\_\_ being accepted for all activities to be held by Grace Baptist Church on or off church premises during the period of September 1, 2011 through August 31, 2012, we (I) do hereby release, forever discharge and agree to hold harmless Grace Baptist Church at 5050 Middlebranch Avenue NE of Canton, Ohio; its pastors, directors, Awana leaders and youth leaders from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the above described activities. Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of our (my) child(ren)'s participation in recreation and work activities involved therein.

We (I) are/am the parent(s) or legal guardian(s) of this participant(s), and hereby grant permission for him/her to participate fully in any trip/event and hereby give permission to the pastors, directors and/or youth leaders involved to take said participant to a doctor or hospital for authorized emergency treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also understand that every attempt will be made to notify us (me) or the emergency person listed below in such an emergency. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs involved.

Father's Name: \_\_\_\_\_

In Case Neither Parent Is Available:

Mother's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, Special Medication, etc.: \_\_\_\_\_  
\_\_\_\_\_

Local Hospital Preferred: \_\_\_\_\_



We also give permission for any Awana picture that includes \_\_\_\_\_ to be used on Grace Baptist Church's website and facebook page. \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents, please list any adults, other than yourself, that is allowed to pick your child up from Awana or any Awana activities: \_\_\_\_\_

Please list anyone that cannot pick your child up: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian:

\_\_\_\_\_  
Dated