

**AWANA CLUBS
VISTA GRANDE BAPTIST CHURCH
5680 Stetson Hills Blvd.
Colorado Springs, CO 80917**

2009/2010 GENERAL PERMISSION/MEDICAL RELEASE FORM

NAME _____ AGE _____

ADDRESS _____

_____ ZIP _____ PHONE _____

CELL PHONE _____ E-MAIL _____

DATE OF BIRTH _____ GRADE (entering) _____

PARENTS (GUARDIAN) _____

CHURCH AFILIATION _____

EMERGENCY MEDICAL INFORMATION

Notify in case of emergency _____ Phone _____

Family Physician _____ Phone _____

Allergies _____

Permission is hereby granted for _____ to participate in the AWANA program activities. Permission is also given to the adults in charge to obtain necessary emergency medical attention in case of injury to my child, and that I/we, the undersigned, do hereby release, remise and forever discharge all sponsors, Vista Grande Baptist Church of Colorado Springs, CO., from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in AWANA. Permission is also given for photographs to be used for church publicity, which includes the website, newsletter and other forms of media.

Parent (Guardian) Signature