

Immanuel Baptist Church
 5100 Hummingbird Road
 Wausau, WI 54401
 (715) 359 – 2422
www.ibcwausau.org

Parent(s) / Guardian

Name

Name(s): _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Family Church: _____ E-mail: _____
 Persons (other than parents) authorized to pick up the children: _____ Physician: _____
 _____ Emergency*: _____

- Emergency contact during club time (other than parents)

<u>Child's Name</u>	<u>M / F</u>	<u>Birth Date</u>	<u>Gr/Age</u>	<u>School</u>	<u>Allergies/Other</u>
_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_ / _ / _	_____	_____	_____
_____	_____	_ / _ / _	_____	_____	_____

I am interested in helping: _____ Weekly _____ Every other week _____ Monthly _____ For Special Events

Note: All AWANA Club leaders and helpers must complete child protection paperwork and possible background check.

Terms and Conditions

- 1) I understand that my child / children may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, AWANA Clubs International, Immanuel Baptist Church and any persons involved in the AWANA club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child / children, I understand every effort will be made to contact me or my emergency contact. However, if I / we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo of my child / children to appear among other general club photos or on an AWANA website as long as there is no identifying information shown.
- 4) I grant permission for my child / children to travel to / from AWANA club events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the terms and conditions stated above

X _____
 Signature of Parent / Guardian Date