

Last Name \_\_\_\_\_



**CHILDREN & YOUTH MINISTRY  
PERMISSION FORM  
SEPT. 1, 2021 - AUG. 31, 2022**  
Immanuel Baptist Church  
152111 Tulip Ln • Wausau, WI 54401  
(715) 359 – 2422 • [www.ibcwausau.org](http://www.ibcwausau.org)



Parent(s) / Guardian

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_  Mom,  Dad,  Other  
*Please Specify*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_  Mom,  Dad,  Other  
*Please Specify*

Church: \_\_\_\_\_  I will receive a text from:  Cell Phone #1  Cell Phone #2

Persons (other than parents) authorized to pick up children: \_\_\_\_\_ Email\*: \_\_\_\_\_  
*\*Needed to keep you updated with Club News & Special Events*

Physician: \_\_\_\_\_

Emergency\*\*: \_\_\_\_\_  
*\*\*Emergency contact during club time (other than parents)*

| Child's Name up to 5th Grade | M / F | Birth Date  | Grade | Allergies/Medical/Special Needs |
|------------------------------|-------|-------------|-------|---------------------------------|
| _____                        | ___   | ___/___/___ | ___   | _____                           |
| _____                        | ___   | ___/___/___ | ___   | _____                           |
| _____                        | ___   | ___/___/___ | ___   | _____                           |
| _____                        | ___   | ___/___/___ | ___   | _____                           |
| _____                        | ___   | ___/___/___ | ___   | _____                           |

Students 6th - 12th Grade on Reverse Side

I am interested in volunteering as a: \_\_\_\_\_ Leader each week and/or for \_\_\_\_\_ Special Events

Note: All AWANA Club leaders and helpers must complete child protection paperwork and are subject to a background check.

Terms and Conditions — I understand that this form covers all IBC sponsored activities

1. I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Immanuel Baptist Church, Awana Clubs International and any person(s) involved in Immanuel Baptist Church Children and Youth Ministry.
2. In the event of an emergency that requires medical treatment every effort will be made to contact me or my emergency contact. If I cannot be reached, I give permission to the Immanuel Baptist Church volunteers to secure the services of medical professionals. I assume responsibility for all such expenses.
3. I grant permission for a photo(s) of my child/children to appear among other general Children and Youth Ministry activities or on the internet as long as there is no identifying information shown.
4. Some activities will require another permission slip. I will be made aware of all activities through email, the church website ([ibcwausau.org](http://ibcwausau.org)), social media (Facebook pages IBC1Journey or Immanuel Baptist Church Wausau) and/or my child.
5. I have read and agree to the terms and conditions stated above.

X \_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**YOUTH INFORMATION (6th - 12th Grade)**  
**SEPT. 1, 2021 - AUG. 31, 2022**

Student's Information

Name: \_\_\_\_\_ Church: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Medical Info: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Cell: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ ID# \_\_\_\_\_  
Student's Email: \_\_\_\_\_ Other Info: \_\_\_\_\_

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Student's Information

Name: \_\_\_\_\_ Church: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Medical Info: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Cell: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ ID# \_\_\_\_\_  
Student's Email: \_\_\_\_\_ Other Info: \_\_\_\_\_

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Student's Information

Name: \_\_\_\_\_ Church: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Medical Info: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Cell: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ ID# \_\_\_\_\_  
Student's Email: \_\_\_\_\_ Other Info: \_\_\_\_\_

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**Parents, please fill out parent information and sign on other side.**