

Family Last Name _____

Family Home Church _____

2011-2012 BCLR Awana Visitor Activity Permit

Parents/Guardians: _____

Family E-mail: _____ Street: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Other Phones (Cell): _____

Child's Name	Club (Circle Grade)	Boy/Girl	Date of Birth	Pertinent Medical Info
	Cubbies – 3 **	Boy/Girl		
	Cubbies – 4	Boy/Girl		
	Sparks – Kindergarten	Boy/Girl		
	Sparks – 1 st grade	Boy/Girl		
	Sparks – 2 nd grade	Boy/Girl		
	T&T 3 rd grade	Boy/Girl		
	T&T 4 th grade	Boy/Girl		
	T&T 5 th grad	Boy/Girl		
	T&T 6 th grade	Boy/Girl		

**Must be 3 by August 1 and potty trained.

As a parent/guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, causing disfigurement, physical impairment, or undue discomfort if delayed. This authorization is granted only after a reasonable effort has been made to reach me at the number(s) listed below.

The undersigned assumes responsibility for any cost connected with such treatment and hereby releases The Bible Church of Little Rock, where the child attends Awana, from any liability thereof.

Signed _____ Date ___/___/20___

This form must be signed by the parent/guardian of the visiting child in order for child to participate in AWANA game time.