

AWANA Club CVBC 2018/2019

Childs Name _____
Emergency Contact: _____ **Phone Number:** _____

** May we have permission to photograph your child? **YES NO**
** May we have permission to use your child's photograph in church publication?
YES NO

Terms and Conditions:

I understand that my child may participate in physical activities such as those held at Game Time as with any physical activity, there is risk of injury. I fully accept this risk and hold harmless from any legal liability, College View Baptist Church and any persons involved in the AWANA Club Ministry. In the event of an emergency that requires medical treatment for the above named child, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give 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 associated to any treatment of my child.

X _____
Signature of Parent or Guardian **Date**

Office Use:

Group _____ Uniform _____ Size _____ Book _____ Dues _____ \$ _____
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Total Due \$ _____ **Method of Payment:** **Cash** **Check#** **Online Pymt Plan**
Discount - _____.

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