



Pine Valley Community Church Contact Information and Permission Authorization

Clubber Name: _____ Parent/Guardian Name: _____

E-Mail: _____

Phone #(s): _____

I prefer to be contacted with updates and reminders via (*check one or both*): Text Email

Mailing Address: _____ City: _____ State: _____ Zip: _____

Clubber age: _____ Grade: _____ Clubber Birthday: _____

Siblings: (Name/Ages) _____

Church: _____

Medical Conditions/Allergies: _____

Individuals authorized to pick up child from club: _____

Emergency contact name (other than parent/guardian): _____

Emergency contact phone #: _____

Insurance Co./Policy #: _____

Parent/Guardian Signature: _____

Date: _____

Pine Valley Community Church AWANA Permission Authorization

As parent/guardian of _____, I give him/her permission to participate in the activities of AWANA at Pine Valley Community Church. I release the church and its representatives from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

Parent/Guardian Signature: _____

Date: _____

PHOTOGRAPHY

Please select one of these options:

- I give Pine Valley Community Church the permission to photograph my child (named above) and use his/her picture for the church's website, social media, slide shows or any other media format associated with Pine Valley Community Church.
- I **DO NOT** give Pine Valley Community Church the permission to photograph my child (named above) and use his/her picture for the church's website, social media, slide shows or any other media format associated with Pine Valley Community Church.

Parent/Guardian Signature: _____

Date: _____