



GOOD NEWS BAPTIST CHURCH '09-'10
AWANA REGISTRATION, MEDICAL,
AND PERMISSION SLIP FOR ACTIVITY

Name: _____ Age: _____

Birthday: _____ Grade: _____ Male or Female

Address: _____

City: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address _____

Home Phone: _____

Is child a church member? _____

Parents Church Membership is at: _____

Emergency contact during Awana: _____

Phone: _____

Physician's Name: _____

Phone: _____

How will your child get to Awana? _____

Do you have any Allergies or other Medical Problems? _____

Medication? _____

OFFICE USE ONLY

CUBBIES:

3's

4's

SPARKS:

K

1st

2nd

TRUTH & TRAINING:

GIRLS

3rd

4th

5th

6th

BOYS

3rd

4th

5th

6th

LEADER:

I give permission for _____ to attend church-sponsored activities from SEPTEMBER 2009 through MAY 2010. I also give my permission for my son/daughter to travel to and from the church-sponsored activity in transportation provided and to receive any medical treatment deemed necessary.

SIGNED: _____ DATE: _____
(Parent or Legal Guardian)

I agree and consent to allow Good News Baptist Church (6830 Eastern Ave, Grand Rapids, Michigan) to publish photos of my child from all AWANA events throughout the year on their internet website (www.qnbcgr.org), and in various displays within the church.

SIGNED: _____ DATE: _____
(Parent or Legal Guardian)