



Eagle Point Community Bible Church
Permission Slip 2017 – 2018

Child's Name _____

Address _____

Home Phone: _____ Cell Phone _____

Birthday _____ Grade: _____

Parent/Guardian Name: _____

Email: _____

I would like to receive club information and updates through (circle one) email text

Please list any special medical issues, allergies, etc., below:

Emergency Contact during Awana:

Name	Phone
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I hereby give permission for _____ to participate in any Awana activity sponsored by Eagle Point Community Bible Church.

The undersigned hereby authorizes Awana representatives to obtain any and all necessary medical treatment for the child listed. It is understood that occasional photographs may be taken during activities for use in social media or publicity by Eagle Point Community Bible Church. No names or personal identifiable information of children is used.

Parent Signature _____ Date _____

OFFICE USE ONLY

Paid (\$25) _____ Check _____ Cash _____

Book Given: _____

Vest/Shirt Given: _____