



Eagle Point Community Bible Church
Permission Slip 2024-2025

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthday \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Church: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

\_\_\_\_\_

Additional Emergency Contact during Awana:

Name Phone

I hereby give permission for the above named child 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

Would you like more information on becoming an Awana Ministry Volunteer? Yes No

\*Free Family Dinner every Wednesday evening for Awana Families. 5:45pm - 6:15pm\*

OFFICE USE ONLY

Paid (\$25) Check \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_ Bible: \_\_\_\_\_

Cubbies Sparks T&T Received Book: \_\_\_\_\_ Received Vest/Shirt: \_\_\_\_\_