

**CHURCH AWANA CLUBS**  
**AwanaGames/Spark-A-Rama Team Application Permission Slip**

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Yes, I would like to be considered for the team. My signature on this form confirms my desire to participate and I will be at all practices and the AwanaGames/Sparks-A-Rama on \_\_\_\_\_.

Child's signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent and /or guardian, of the child listed below, I am giving permission to participate and will help to ensure that other events do not prevent him / her from being at practices or the Awana Games/Sparks-A-Rama. By signing, I also herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach by phone at the number listed below.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby released the church where child attends Awana Club, Awana Clubs International, the Awana Missionary, the chaperons', and the host church for the event from any liability therefor.

Name of child \_\_\_\_\_ Parent/ Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Please attempt to contact the following person if the parent/guardian is not available:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

This release form is completed and signed of my own free will the sole purpose of authorizing medical treatment under emergency circumstances in my absences.

\_\_\_\_\_  
Parent/Guardian Signature