

WELCOME TO AWANA -- VISITOR FORM

DATE: _____

Parent Contact Information - Please Print

Parent Name: _____ **Contact Number for Today:** _____

Email: _____ **Invited by:** _____
We will email you about your child's experience today!

Emergency Contact: _____ **Phone:** _____
Please provide an emergency contact number in case we cannot reach you.

Clubber Information

Child's Name	AGE/Grade	Gender	Medical/Special Need
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MINOR RELEASE

Please check box to give permission

I waive and release all claims against Evangelical Free Church of Bozeman with respect to any injury on Church property.



MEDICAL RELEASE

In the event of an emergency and I cannot be reached, I authorize the Evangelical Free Church to pursue medical attention for my child.

Signature _____ Date _____

Relationship to Child(ren) _____