

AWANA Visitor Form

2017-2018

Visitor Brought by:

1st Visit (date) _____ 2nd Visit (date) _____ 3rd Visit (date) _____

Father's Name _____
last
first

Mother's Name _____
last
first

Address _____
street
city
state
zip

Father's phone (H) _____ Mother's phone (H) _____
 (W) or (C) _____ (W) or (C) _____

Email: _____

Your Home Church : _____

I give my permission for audio, video, or photo images, to be taken of my child which may be used for future promotional purposes.

Please list all children who are visiting AWANA

Child's First & Last Name	Birth Date	Grade '17/'18	M/F	Health Concerns	<u>Club</u> Cubbies/Sparks Or T&T

Emergency Contact we may call if we are unable to reach you:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

AWANA AUTHORIZATION:

I do hereby authorize AWANA officials to contact directly the persons named on this form, they may authorize any treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other persons named on this form cannot be reached the AWANA officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child.

I have read and agree to this statement as it is written:

Date _____ Parent/Guardian (signature) _____