

PARENT/GUARDIAN AGREEMENT & FIELD TRIP PERMISSION SLIP 2023-2024

(Please initial by each item then sign below. The exception is that Cubbies do not go on field trips.)

First & Last Name(s) of Clubber(s):	
I, the undersigned parent/guardian of the above to participate in AWANA Club or other AWANA-related ac GRACE POINT Powell. I, as a parent/guardian, have been may take place and represent to you that the participant(s activities.	en advised of the nature and extent of the activities that
I, as a parent/guardian, understand that AWANA activity with children/youth, does present the risk of injury I have advised the participants of those possibilities. I rep death, and I release and hold you, your agents, employee from any other liability to any other person or entity arising Club and other AWANA-related activities and agree to def chaperones, sponsors and representatives against any clarelease the lessor of properties on which any GRACE PO	resent to you that I assume the risk of any such injury or s, chaperones, sponsors, and representatives harmless g as a result of the conduct of the participant in AWANA end and indemnify you, your agent, employees, aim or liability arising as a result of such conduct. I also
My child(ren) understand(s) that all clubbers are responsible to their designated leader(s). The GRACE Poresponsibility for discipline while on a field trip and reserve misconduct or disobedience. In such an instance, I will as	es the right to require a clubber to leave because of
I understand that ALL CLUBBERS MUST BE OF OTHER DESIGNATED ADULT. CLUBBERS MAY NOT PARENT OR EMERGENCY CONTACT/ DESIGNATED ANYONE EXCEPT THOSE PARENTS, EMERGENCY CREGISTRATION FORM. ANY ADULT PICKING UP A CTO THE LEADER MAY BE ASKED TO PRESENT A VALUE.	ADULT. CLUBBERS WILL NOT BE RELEASED TO ONTACTS /DESIGNATED ADULTS LISTED ON THE HILD WITHOUT A RECEIPT AND WHO IS UNKNOWN
In the event I cannot be reached, I do authorize sponsored field trip - or any GRACE POINT Powell field tr and/or hospital for emergency medical or surgical treatme understood that I will assume all financial responsibility for treatment.	nt of my child while under their supervision. It is
I hereby acknowledge that there are no court p child/children.	roceedings, or court orders, pertaining to my
Out of consideration for AWANA leaders, I WILI	L PICK MY CHILD(REN) UP PROMPTLY AT 7:30 PM.
FAMILY Medical Information	
Health Insurance Company Name:	Health Insurance Policy Number:
I have read, understand, and agree to the information give below.	en in this entire form as acknowledged by my signature
PRINT FAMILY'S LAST NAME	_
PARENT'S OR LEGAL GUARDIAN'S PRINTED NAME	
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE	DATE

Student Participant Agreement 2023-2024 (Applicable to students in Truth & Training Clubs and Independent Study)

I, as the participant, understand that while in attendance at AWANA Club or other AWANA-related activity, I am under the direction and authority of leaders designated by GRACE POINT Powell. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, fireworks, foul language, and abusive or lewd behavior are prohibited. I understand that I must be registered in the AWANA program in order to participate. AWANA events will be run within the standards set by GRACE POINT Powell. I am expected, as a participant, to be with the group at all times. Any variance of the rules and/or regulations will result in immediate expulsion by asking my parent/guardian to pick me up. I have read this entire form and agree to its contents and have discussed it with my parents.

PRINT FAMILY'S LAST NAME			
CLUBBER'S PRINTED NAME	CLUBBER'S SIGNATURE	DATE	
CLUBBER'S PRINTED NAME	CLUBBER'S SIGNATURE	DATE	
CLUBBER'S PRINTED NAME	CLUBBER'S SIGNATURE	DATE	
CLUBRER'S PRINTED NAME	CLUBRER'S SIGNATURE		