AWANA Club
Adobe Christian Center

2875 Adobe Road - Petaluma, CA 94954- (707) 763-2012

PERMISSION AND RELEASE FORM

I, the undersigned parent/guardian of _____ give my permission for him/her to participate in any and all activities sponsored by Adobe Christian Center. I understand all activities sponsored by the church such as: sporting events, camps, retreats, outings, field trips, amusement parks, extreme sports, will be supervised by staff personnel of the church or other qualified volunteers. I understand these activities may involve transportation in church-owned vehicles, vehicles owned and operated by other individuals, or vehicles rented or leased by the church for subject activities.

I understand Adobe Christian Center provides liability insurance coverage for all church-sponsored activities. This insurance is secondary to my own insurance coverage which is agreed as being primary. In the event of injury to a non-insured participant and in the event of a claim against the insurance carrier for the church, I agree to cover the deductible rate costs required by the insurance carrier.

In the event of special situations which may arise out of disciplinary action, unauthorized roughhousing and horseplay, medical needs, dental needs, or other personally-related circumstances which require or result in special transportation, communication, handling or liability expenses, I agree to assume full financial responsibility for all such related costs.

I hereby release the church of all responsibility for damage liability or loss of personal goods and belongings.

I hereby authorize the church representatives in charge of the activity to take the above named youth/child to a doctor or hospital for treatment which may include x-ray examinations, anesthesia, dental, medical or surgical diagnosis in case of an emergency. It is understood I can expect communication from the church representatives as immediately as is possible in such emergency situations.

As a matter of mutual convenience, it is agreed this permission and release forms extends from September, 2009 to September, 2010. It may be revoked, in writing, at any time during this time period. Where applicable, two signatures are required.

_____

Signature Date Telephone Number

_____

Signature Date Telephone Number

TO THE DOCTOR / DENTIST

I/we hereby authorize you to provide emergency medical treatment to our minor child,

_____.

I understand that the representative of Adobe Christian Center in charge of my child will contact me as immediately as is possible in an emergency.

_____

Signature Date

_____

Signature Date

_____

Physician's Name Phone Number

_____

Dentists Name Phone Number

_____

Insurance company Policy number

Medical Questionnaire:

Date of last tetanus booster. _____

Is your child presently being treated for illness or injury? _____

_____

Does your child have any allergies (Including medications)? _____

_____

Does your child have a pre-existing condition or illness that would keep them from participating in regularly scheduled activities? _____

_____

List any other physical conditions about which the representatives of Adobe Christian Center should be aware to insure proper care and supervision.

_____

_____

The following person(s) are authorized to pick up my child at the end of AWANA:

_____

_____

Signature Date Telephone Number