

Last Name _____



**CHILDREN & YOUTH MINISTRY
PERMISSION FORM
SEPT. 1, 2024 - AUG. 31, 2025**
Immanuel Baptist Church
152111 Tulip Ln • Wausau, WI 54401
(715) 359 – 2422 • www.ibcwausau.org



Parent(s) / Guardian

Name(s): _____ Home Phone: _____

Address: _____ Cell Phone #1: _____ Mom, Dad, Other
Please Specify

City: _____ State: _____ Zip: _____ Cell Phone #2: _____ Mom, Dad, Other
Please Specify

Church: _____ I will receive a text from: Cell Phone #1 Cell Phone #2

Persons (other than parents) authorized to pick up children: _____ Email*: _____
**Needed to keep you updated with Club News & Special Events*

Physician: _____

Emergency**: _____
***Emergency contact during club time (other than parents)*

Child's Name up to 5th Grade	M / F	Birth Date	Grade	Allergies/Medical/Special Needs
_____	___	___/___/___	___	_____
_____	___	___/___/___	___	_____
_____	___	___/___/___	___	_____
_____	___	___/___/___	___	_____
_____	___	___/___/___	___	_____

Students 6th - 12th Grade on Reverse Side

I am interested in volunteering as a: _____ Leader each week and/or for _____ Special Events

Note: All AWANA Club leaders and helpers must complete child protection paperwork and are subject to a background check.

Terms and Conditions — I understand that this form covers all IBC sponsored activities

1. I understand that my child/children may participate in physical activities. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Immanuel Baptist Church, Awana Clubs International and any person(s) involved in Immanuel Baptist Church Children and Youth Ministry.
2. In the event of an emergency that requires medical treatment every effort will be made to contact me or my emergency contact. If I cannot be reached, I give permission to the Immanuel Baptist Church volunteers to secure the services of medical professionals. I assume responsibility for all such expenses.
3. I grant permission for a photo(s) of my child/children to appear among other general Children and Youth Ministry activities or on the internet as long as there is no identifying information shown.
4. Some activities will require another permission slip. I will be made aware of all activities through email, the church website (ibcwausau.org), social media (Facebook pages IBC1Journey or Immanuel Baptist Church Wausau) and/or my child.
5. I have read and agree to the terms and conditions stated above.

X _____
Signature of Parent / Guardian

Date

Last Name _____

YOUTH INFORMATION (6th - 12th Grade)
SEPT. 1, 2024 - AUG. 31, 2025

Student's Information

Name: _____ Church: _____
Date of Birth: _____ Grade: _____ Allergies: _____
Address: _____ Other Medical Info: _____
City: _____ State: _____ Zip: _____ Doctor: _____ Phone: _____
Student's Cell: _____ Insurance Carrier: _____ ID# _____
Student's Email: _____ Other Info: _____

Student's Information

Name: _____ Church: _____
Date of Birth: _____ Grade: _____ Allergies: _____
Address: _____ Other Medical Info: _____
City: _____ State: _____ Zip: _____ Doctor: _____ Phone: _____
Student's Cell: _____ Insurance Carrier: _____ ID# _____
Student's Email: _____ Other Info: _____

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Name: _____ Church: _____
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City: _____ State: _____ Zip: _____ Doctor: _____ Phone: _____
Student's Cell: _____ Insurance Carrier: _____ ID# _____
Student's Email: _____ Other Info: _____

Parents, please fill out parent information and sign on other side.