

AwanaGames: Parental Consent and Release of Liability
Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Return this form to your Club Director

Child's Name: _____ Child's Birthdate: _____ / _____ / _____
Please Print Month Day Year

To Be Filled Out By the Church – Please Print

Awana Registered Church Name: Northwest Christian Teens

Church City/State Pinehurst, ID Coach: _____

Date and location of the Event the Child is attending:

Date: March 17 Event Location: North Pines Junior High, Spokane Valley, WA

AwanaGames Team - Circle One: SPARKS (T&T)COED (T&T)BOYS (T&T)GIRLS TREK JOURNEY

I understand and agree that participation in "AwanaGames" ("Event") is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend Event

I hereby give permission for my Child to attend and participate in this Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants and staff at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at this Event? Yes No If yes, please provide details: _____

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of the State.

Parent or Guardian Signature

Date Signed

Printed Name and Phone Number

Emergency Contact: Name and Phone Number

**AwanaGames and Sparks-a-Rama
Concussion Information Sheet**

The Zackery Lystedt Law dealing with concussion and brain injury in youth sports became law in the State of Washington on July 26, 2009. Any child with signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the child especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the child suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescents or teenagers will often under report symptoms of injuries. And concussions are no different. As a result, education of youth leaders, parents and children is the key for safety.

If you think your child has suffered a concussion

Any child even suspected of suffering a concussion must be removed from AwanaGames or Sparks-a-Rama immediately. No child may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the child should continue for several hours. The Lystedt Law now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a young athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

Parents should also inform their child’s church Awana leader if you think that your child may have a concussion. Remember that when in doubt, the athlete sits out.

For current and up-to-date information on concussion you can go to:
<http://www.cdc.gov/ConcussionInYouthSports>

**Consent Form for:
Sparks-a-Rama or AwanaGames**

Child Name Printed

Child Signature

Date

Parent/Guardian Printed

Parent/Guardian Signature

Date

This form must be signed and dated by BOTH child and parent/guardian BEFORE the child can participate in AwanaGames or Sparks-a-Rama.