



Second Baptist Church Woodway Campus – Wednesday evenings, August 21, 2024 – May 7, 2025, 6:30 – 8:00pm

REGISTRATION 2024-2025 \$50.00 per child for the year, replacement fees for vests/bags/books apply as needed

Parent/Guardian: _____

Cell #: _____

Address: _____

City: _____ Zip: _____

Email: _____

Home Church: _____

Emergency Contact: Name/Relationship/Phone Number: _____



*Please indicate Youth or Adult size. Cubbies/Sparks get a vest. T&T gets a jersey.

Pre-K 4yr (by 9/1/24) & 5yr olds

Kindergarten – 2nd Grade

3rd Grade – 5th Grade

Child's Name	DOB	M/F	Grade	School	Jersey/vest size*	Allergies/Notes

I would like to volunteer to help in the following areas:

Games ___ Classroom ___ Admin/Prep ___ Grand Prix ___ Store ___ (only twice a year) Sponsor a child ___ CUBBIE Snacks ___ Early Listening Table ___

I/WE HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SECOND BAPTIST CHURCH, ALL SECOND BAPTIST CHURCH STAFF, EMPLOYEES, LEADERSHIP, AGENTS, REPRESENTATIVES, MEMBERS, AND VOLUNTEERS (ALL COLLECTIVELY REFERRED TO AS "SECOND BAPTIST CHURCH") FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATSOEVER NATURE, BOTH INDIVIDUALLY AND COLLECTIVELY, THAT MAY ARISE FROM MY CHILD/WARD'S PARTICIPATION IN THE AWANA PROGRAM AND RELATED ACTIVITIES, WHETHER OR NOT THE CLAIMS OR LIABILITIES OCCUR ON THE PROPERTY OF SECOND BAPTIST CHURCH, AND WHETHER OR NOT SUCH CLAIMS OR LIABILITIES ARISE OUT OF THE NEGLIGENCE OR OTHER CONDUCT OF SECOND BAPTIST CHURCH. I/WE FURTHER AGREE THAT SECOND BAPTIST CHURCH REPRESENTATIVES ARE AUTHORIZED TO PROVIDE SUCH EMERGENCY MEDICAL, DENTAL, SURGICAL CARE OR TREATMENT AS MAY BE NECESSARY IN THEIR JUDGMENT FOR MY CHILD(REN) DURING HIS/HER PARTICIPATION IN THE AWANA PROGRAM AND RELATED ACTIVITIES. I/WE ALSO AGREE THAT SECOND BAPTIST CHURCH MAY USE PHOTOGRAPHS AND/OR VIDEO FOOTAGE OF MY CHILD/WARD FOR COMMUNICATION, PUBLICITY, ADVERTISEMENT, OR OTHER PUBLICATION BY SECOND BAPTIST CHURCH.

Parent/Guardian Signature: _____ Date: _____

of Children x \$50.00 = _____ Payment options: Check (made out to SBC), Credit Card or Cash.

OFFICE USE: Please check once received/completed PD: ___ AW: ___ R: ___ Jersey: ___ Bag: ___ Handbook: ___

Please print, complete, and email or bring it to me. You may also call our office to make other arrangements. Copies are available Ann Shoemaker 713-465-3408 x1108 or ashoemaker@second.org