



Second Baptist Church
2024-2025

South Campus

Parent/Guardian:

Name(s): _____

Home #: _____

Address: _____

Cell #: _____

City: _____ Zip: _____

Work#: _____

Email: _____

Church Member? Y N If YES, where? _____

Emergency Contact & Number: _____

Table with 3 columns: Clubs, Fees, and Dates. Rows include Cubbies (4 yrs * - PreKinder), Sparks (Kinder - 2nd), and T&T (3rd - 5th grade).

PLEASE PRINT

Table with 7 columns: Child's Name (Last, First), DOB, Gender, Grade, Club, Fee, Class. Contains 4 empty rows for data entry.

Total _____

Doctor's Name & Number: _____

Allergies, Special Needs: _____

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.

Signature of Parent/Guardian: _____ Date: _____

I would like to volunteer to help in the following area:
Classroom _____ Games _____ Admin _____ Store _____

