Second Baptist Church
2011-2012

Cypress Campus

Parents/Guardian:
Name(s):_____ **Home #:** _____
Address: _____ **Cell #:** _____
City: _____ **Zip:** _____ **Work#:** _____
Email: _____ **Member SBC? Y N**
Church/Campus? _____

Emergency Contact & Number and relationship (other than above): _____

Clubs	Fees
Puggles: 2 yrs* - 3 yrs	20.00
Cubbies: 4 yrs * - PreKinder	40.00
Sparks: Kinder – 2nd	40.00
T&T: 3rd – 6th grade	50.00
* by 9/1/11	

Doctor's Name & Number: _____
Allergies, Special Needs: _____

NOTE: $10 discount if already have uniform

PLEASE PRINT

Child's Name (Last, First)	DOB	Gender	Grade	Club	Have Uniform?	Fee	School

Total _____

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.

Signature of Parent/Guardian: _____ **Date:** _____

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

Classroom _____ **Games** _____ **Admin** _____ **Store** _____

For office use only:

Total $_____

Paid by: Cash _____ **Check #** _____

I Wanna AWANA!

Entered in Approved Workman on ____/_____/_____