



Second Baptist Church
2011-2012

Woodway
Campus

Parent/Guardian:

Name(s):

Home #:

Address:

Cell #:

City: Zip:

Church Member? Y or N If Yes, where?

Email:

Emergency Contact & Number:

Table with 2 columns: Clubs, Fees. Rows include Cubbies (3 yrs * - PreKinder, 40.00), Sparks (Kinder - 2nd, 40.00), T&T (3rd - 5th grade, 50.00). Includes note: * as of September 1st

Doctor's Name & Number:

Allergies, Special Needs:

PLEASE PRINT



Table with 8 columns: Child's Name (Last, First), DOB, Gender, Grade, Club, Uniform?, Fee, Class. Contains 4 empty rows for data entry.

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

Entered in Approved Workman by on / /

