



Second Baptist Church
2022-2023

West Campus

Parent Name (1): _____
Cell (1) : _____
Email (1): _____

Parent Name (2): _____
Cell (2): _____
Email (2): _____

Address: _____

City: _____ Zip: _____

Church Member? Y N If YES, where? _____

Emergency Contact & Number (not parent):

Clubs

Fees

Cubbies: 3 yrs by SEPT 1st

\$45.00 (must be potty trained)

Sparks: Kinder – 2nd

\$45.00 **My family would like to sponsor a kiddo for Awana. \$**

T&T: 3rd – 5th grade

\$55.00 *(any amount helps)*

PLEASE PRINT

Child's Name (Last, First)	DOB	Gender	Grade	Club	Size	Fee

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. 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: _____

AWANA at Second Baptist Requires 1 parent to **volunteer at least 1 Sunday per month**. Please initial below that you understand this requirement to make our program the best it can be.
