



Second Baptist Church 2022-2023

North Campus

Parent/Guardian:

Name(s): _____

Home #: _____

Address: _____

Cell #: _____

City: _____ Zip: _____

SBC Church Member? Y or N If No, where? _____

Email: _____

Emergency Contact & Number: _____

Visitors have 2 weeks to attend FREE before joining. Then the following fees apply:

Clubs	Fees
Cubbies: 4 yrs * - PreKinder	50.00
Sparks: Kinder - 2 nd	50.00
T&T: 3 rd - 5 th grade	60.00

* as of September 1st

Allergies, Special Needs: _____

PLEASE PRINT

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

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 _____

Office Use Only - Entered in Approved Workman by _____ on ____/____/____

