

SECOND BAPTIST CHURCH RECREATION REGISTRATION FORM

Participant's name

(First Middle Last)

Address _____ Zip

Parent's Names _____ Home Phone

Dad's Work # _____ Mom's Work # _____

Dad's Cell # _____ Mom's Cell # _____

Date of Birth _____ Age _____ Male _____ Female

School _____ Grade _____ Email

Emergency Contact _____ Phone

Medical Concerns that should be known in case of emergency:

Church you attend? _____

RELEASE

In consideration of permission granted to my child by Second Baptist
Church to participate in

BASEBALL / SOCCER / BASKETBALL (circle one),

I, hereby release and discharge Second Baptist Church, its agents, employees, and coaches from all claims, actions, causes of action, or demands which I, my heirs, or assigns may have against Second Baptist Church, its agents, employees, or coaches, for any and all injuries known or unknown which my child has or may incur by participating in the above mentioned activity.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I hereby state that I am the natural parent or legal guardian of the above named child.

In witness thereof, I have executed this release at Memphis, Tennessee, on the

_____ day of _____, 20_____.

(Parent or Guardian's Signature)

Second Baptist Church / 4680 Walnut Grove Road / Memphis, TN 38117
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