Adventure Kids Registration Form 2026-2027

Child's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Phone Number _____

Email Address _____

Child's Birthdate _____ Grade in school _____

Preference for receiving AK notification Text ☐ Call ☐ Email ☐

Parents' Names _____

Home Church, if any _____

Allergies or medical conditions _____

_____

Emergency Contact Name _____

Relation to Child _____ Phone Number _____

In case of an emergency, SBC will contact the parents first and, if unable to reach the parents, will contact the Emergency Contact listed.

I understand that my child may be photographed at the Church during normal Adventure Kids (AK) activities and events. I understand that these photographs may be used in promoting the Church and/or AK events, either in print or on the Internet. I give permission for my child to be photographed and their images recorded for print or electronic use in promoting the Church's events.

I give permission for my child to participate in the Adventure Kids activities at Scipio Baptist Church. I will not hold Scipio Baptist Church responsible for any illness or injury suffered as a result of my child's participation in the AK program.

Parent Signature _____

Printed Name _____ Date _____