



# Sports Camp Registration Medical Release Form



Indicate your choice (one camp option / sport per form):

- |   |   |
|---|---|
| Morning (9am - 12:15pm)                           | Evening Camp (5:30pm - 8:45pm)                    |
| <input type="checkbox"/> Basketball (ages 7 - 12) | <input type="checkbox"/> Soccer (ages 6 - 12)     |
| <input type="checkbox"/> Soccer (ages 6 - 12)     | <input type="checkbox"/> Baseball (ages 7 - 11)   |
| <input type="checkbox"/> Cheer (ages 6 - 12)      | <input type="checkbox"/> Volleyball (ages 9 - 12) |

## Registration Information

Name	Age	Grade	Birthday	M/F
Address		Home Phone		
City	State	Zip	Cell Phone	
Parent(s) Name		Emergency Contact & Phone		
Allergies	Health Issues	Circle Shirt Size: YS YM YL AS AM AL AXL		
Church (if attending church regularly, which one?)				

Registration Fee: \$80.00 (due when registration is submitted to church office)

## Medical and Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or a guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian, or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child whom your sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child, \_\_\_\_\_, permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>		
Paid: Cash/Check # _____	Form Signed: _____	Entered on roster: _____



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