



# Sports Camp Registration and Medical Release

## Camper Information

Camper's Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Shirt Size: \_\_\_\_\_

## Contact Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Do you have a home church? \_\_\_\_\_

## Sport Information: Circle your option

Soccer (6-12)      Basketball (8-12)

Cheer (6 - 12, girls)      Kick Start (4-5)

## Emergency Information

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Medical Information

1. List your child's recent injuries, chronic conditions, or anything they take medication for:

2. Allergies:       My child DOES have known allergies.       My child has NO known allergies.

A. List any drug allergies here: \_\_\_\_\_  
\_\_\_\_\_

B. List any food allergies here: \_\_\_\_\_  
\_\_\_\_\_

C. List any environmental allergies here: \_\_\_\_\_  
\_\_\_\_\_

3. Please list and explain any other relevant medical information that was not addressed above. Please include activities to be restricted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Photography and Publicity Release**

If this box is marked then I DO NOT give permission for any of the sponsoring organizations to use photography that includes my child/ward. If this is blank, then I give permission to all sponsoring organizations to use my child's likeness, image, voice, and/or appearance as such may be embodied in any media including but not limited to pictures, photos, video recordings, audio tapes, digital images.

### **Medical and Liability Release**

As legal guardian I realize no activity is without the possibility of unforeseen hazards which could result in injury or worse. As a parent or guardian, I am aware of my responsibility to instruct my child/ward of the importance of conduct which will insure safety for all participants, and in doing so I assume full responsibility for my child/ward. I further agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss, abuse, death, or injuries to my child/ward.

By signing this form I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment necessary for any injury. I also certify that I am the legal guardian of this child and can sign for them in a legal capacity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_