

# SPORTS CAMP REGISTRATION

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Home Church \_\_\_\_\_

Circle Your Choice (only choose one)

**Soccer**

**Basketball**

**Cheer**

Shirt Size (circle one): 6-8 10-12 14-16 AS AM AL AXL

Parent Name	Parent Name
Work #	Work #
Cell #	Cell #

**EMERGENCY CONTACTS AND AUTHORIZED PICKUPS:**

*Please list the names of individuals whom have the authorization to be contacted if you cannot be reached and / or have authorization to pick up your child in the event that you cannot. (Please note that photo ID must be ready to show camp personnel to ensure your child's safety.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**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 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 also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.*

*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.*

Tetanus shot current: Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies \_\_\_\_\_

List any chronic health conditions that would restrict child in Sports Camp activities:

\_\_\_\_\_

List all current medications: \_\_\_\_\_

**PHOTO RELEASE:**

*I 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.*

Yes \_\_\_\_\_ No \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY:</b>			
AMOUNT PAID: \$ _____	CASH _____	CHECK # _____	DATE RECEIVED ____/____/____ REGISTRATION # _____