FAITH BAPTIST CHURCH MEGA SPORTS CAMP REGISTRATION

PLEASE FILL OUT **ONE PER CHILD**; WE APPRECIATE YOUR TIME YOUR TAKING TO MAKE THIS AN EFFECTIVE AND SAFE CAMP FOR EVERYONE.

Name of Child_____

Parent(s) Name_____ Parent Email_____
Parent(s) Name_____ Parent Email_____

Address_____City_____State_____Zip_____

Age_____ Grade entering in Fall _____Male/Female_____

Home Church (if applicable)_____
How did you hear about Mega Sports Camp at Faith Baptist Church?
_____

SPORTS CHOICE

_____Soccer _____ Basketball _____ Cheerleading (wear comfortable shoes)

_____ Flag football _____ Baseball/Softball

T-shirt size (Please Circle) Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult XL

PHOTOGRAPHY/VIDEO

(Name of participant)_____

does_____ does not_____ have permission to appear in photographs and video used for church sponsored projects and news releases. This may include, but not limited to, the church website, printed brochures and/or Facebook. In addition, by signing below, I/we give Faith Baptist permission to retain this form on file for 1 year.

Parent/Guardian (print)_____(signature) _____ (date)_____
*A signed copy will need to be on file for one year and will be good for one year.

(Over)

Liability Release Form

I/we understand that there are inherent risks involved with any trip or activity, and I/we hereby release Faith Baptist, its staff, and volunteer workers from any and all liability due to injury, loss, or damage to person or property that may occur during the course of my/our involvement with Faith Baptist Church.

Agreement to Transport Home

I/we, the undersigned, are the parents having legal custody or the legal guardians of the participant named above, a minor, have given our consent for him/her to attend a trip or activity operated by Faith Baptist. I/we understand that a member of the staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the trip or activity, I/he/she will be transported home at my/our expense. Faith Baptist will attempt to contact the parent or guardian to arrange such transportation.

I have read the above agreement _____ (initials) _____ (date)

Medical Release Form

I/we, the undersigned, are the parents having legal custody or the legal guardians of the participant named above, a minor, have given our consent for him/her to attend a trip or activity operated by Faith Baptist. In the event that he/she is injured while attending the trip or activity and requires the attending of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for, which a physician and/or hospital personnel refused to administer without my/our consent, I/we hereby authorize the employees or a member of the Faith Baptist volunteer staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier.

Further, I/we affirm that the health insurance information provided below is accurate through this date and will, to the best of my/our knowledge, still be in force for the participant named below at the time of the trip or activity.
***Faith Baptist Church will be notified if this information changes during this time period.**

*Emergency Contact Information

1)_____2) _____

Relationship to Participant_____ Relationship to Participant_____
Home Phone_____ Home Phone_____
Work Phone_____ Work Phone_____
Cell Phone_____ Cell Phone_____

Insurance Information

Name of health insurance company_____
Health insurance policy number_____
Phone/address of health insurance company_____
Name of policy holder_____
Policy holder's phone number_____

Please list any special concerns (allergies, medications, medical conditions, etc.)

_____