

Sports Camp Registration Medical Release Form

Registration Form

Circle Your Choice (only choose one):

For Office Use Only	
Paid: Cash / Check # _____	
Form signed _____	
Entered on roster _____	

Basketball

Soccer

Team 45

Shirt Size: YXS YS YM YL AS AM AL AXL

NAME		AGE	GRADE	BIRTHDATE / /	CIRCLE ONE M F
ADDRESS				HOME PHONE	
CITY	STATE	ZIP		CELL OR DAYTIME PHONE	
PARENT(S) NAME			EMERGENCY CONTACT & PHONE #		
ALLERGIES/HEALTH ISSUES			HOME CHURCH		
Email					

Parent/Guardian Consent, Medical Authorization, Assumption of Risk, and Photo 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 ensure 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 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 Signature: _____

Date _____

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