

Sports Camp ~ Ages 6-12
June 4-8, 2018 (9 am-12:00 pm)
 (Child's age on June 4, 2018)

Registration:
\$20 per child

For Office Use Only Name: _____ Paid Cash/Check #: _____ Release Signed: _____ Date: _____
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Covenant Community Church
 2250 S. Yukon Parkway., Yukon 73099 (354-9338)
 www.cccyukon.org

Only one form per family is needed, but please list **ONLY** children in the same household on one form.

T-shirt sizes - Youth X-Small, Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult X-Large

Name of Child	Age at camp	Birth date	(M)ale or (F)emale	(Please check off ONE sport per child!)					T-Shirt Size	
				Basketball	Cheer	Age 8-12 Football	Soccer	Age 8-12 Volleyball		Baseball
1. _____	____	__/__/__	____	____	____	____	____	____	____	____
2. _____	____	__/__/__	____	____	____	____	____	____	____	____
3. _____	____	__/__/__	____	____	____	____	____	____	____	____
4. _____	____	__/__/__	____	____	____	____	____	____	____	____

Allergy or medical condition we should know about? Child's name and details: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone or Emergency phone (while child is at camp) _____

E-mail Address: _____

Parent's Names: _____ Do you attend church? _____ Where? _____

Sports Camp 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 an 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/children, _____, 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.

Signature of parent or guardian: _____ **Date:** _____

Relationship to child/children: _____

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Name: _____ Phone: _____