



MEGA SPORTS CAMP REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last school grade completed _____ Male/Female _____

Sports Choice (choose only one)

_____ Soccer (if possible, bring soccer ball and shin guard labeled with your name)

_____ Basketball (if possible, bring a basketball labeled with your name)

_____ Cheerleading (wear comfortable shoes)

Guardian's Name _____

Home Phone _____ Cell _____

In case of emergency, contact _____ Phone _____

2nd emergency contact _____ Phone _____

Special concerns (allergies, medications, medical conditions, etc.)

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during MEGA Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of the son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization (New Life Foursquare Church) and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____