



## REGISTRATION FORM 2010

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: Mo. \_\_\_ Day \_\_\_ Year \_\_\_ Last grade completed: \_\_\_\_\_

Male \_\_\_ Female \_\_\_

### SPORTS CHOICE:

\_\_\_\_\_ Soccer (bring a soccer ball and shin guards labeled with your name

\*If you do not own a piece of sports equipment, please let your coach know.

Parent/Guardian(s) names: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

In case of emergency, contact: (other than parent/guardian) \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Special concerns (allergies, medications, medical conditions, etc.) we should be aware of:

\_\_\_\_\_

Name of church currently attending: \_\_\_\_\_

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 *Beyond the Gold* 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, Salem First Friends Church, 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 church employees 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 my 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 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.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

~ By signing this registration form, you also agree that any photographs taken of your child at or during this event are the property of Salem First Friends Church, and may be used in future publications, as deemed appropriate.