

**Sports Camp Registration and Medical Release Camper Information**

**JUNE 18-22 9:00 am- 12:15 pm**

**20.00 registration fee paid**

Camper's Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

**Contact Information**

Mother's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_

Zip: \_\_\_\_\_

Do you have a home church? \_\_\_\_\_

**Sport Information: Circle your option**

Soccer

Basketball

Cheer

**Emergency Information**

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Medical Information**

1. List your child's recent injuries, chronic conditions, or anything they take medication for:

2. Allergies: My child DOES have known allergies. My child has NO known allergies.

A. List any drug allergies here:

\_\_\_\_\_

B. List any food allergies here:

\_\_\_\_\_

C. List any environmental allergies here:

**Photography and Publicity Release**

If this box is marked then I DO NOT give permission for any of the New Beginnings Christian Fellowship of Gibson City to use photography that includes my child/ward. If this is blank, then I give permission to all sponsoring organizations to use my child's likeness, image, voice, and/or appearance as such may be embodied in any media including but not limited to pictures, photos, video recordings, audio tapes, digital images.

**Medical and Liability Release**

As legal guardian, I realize no activity is without the possibility of unforeseen hazards which could result in injury or worse. As a parent or guardian, I am aware of my responsibility to instruct my child/ward of the importance of conduct which will insure safety for all participants, and in doing so I assume full responsibility for my child/ward. I further agree to absolve and hold harmless New Beginnings Christian Fellowship of Gibson City and the sponsoring organizations and their representatives for damage, loss, abuse, death, or injuries to my child/ward.

By signing this form, I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment necessary for any injury. I also certify that I am the legal guardian of this child and can sign for them in a legal capacity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please make payments to NBCF and send to:**

**NBCF Kids Camp 2017  
925 N State Route 47  
PO BOX 3  
Gibson City, IL 60936**