

# MEGA SPORTS CAMP

# REGISTRATION FORM

June 25<sup>th</sup> – June 29<sup>th</sup> @Springfield Park

9am to 12pm

K-5<sup>th</sup> grade

Mauldin First Baptist Church

**Child's**

**Name** \_\_\_\_\_

**Nickname** \_\_\_\_\_

**Age** \_\_\_\_\_ **Last school grade completed** \_\_\_\_\_

**Male/Female** \_\_\_\_\_

**Parent/Guardian(s)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Special Concerns** (allergies, medications, medical conditions, etc.)

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**SPORTS CHOICE (select ONE to focus on for the week)**

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

\_\_\_\_\_ Basketball (you can bring a basketball labeled with your name)

\_\_\_\_\_ Flag Football (wear comfortable shoes)

\_\_\_\_\_ Cheerleading (wear comfortable shoes)

**Please Note:** We often take pictures during activities. If you would prefer that your child's picture not be used on any Mauldin First Baptist Church promotional materials, please mark here. \_\_\_\_\_

**Waiver:**

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Mega Sports Camp. 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 the or provide medical treatment for my child for such injury or illness during the camp. I hereby hold the camp staff and volunteers, of Mauldin First Baptist 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 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 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. 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.

**Parent/Guardian(s) name**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_

Group Number \_\_\_\_\_

ID Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Person Authorized to pick up child \_\_\_\_\_

Note:

**\*For safety, no children will be permitted to leave unattended. You must sign your child/children in & out throughout the event.**