Hazel Creek Baptist Church

Sports Camp

Grades: 1st through 5th

June 18 – 22, 2018

Permission/Release Form

Insurance information

I hereby state that (camper’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided during the Hazel Creek Baptist Church Sports Camp. I am fully aware that these activities involve motion and athletic activity that creates the possibility for injury. I hereby release Hazel Creek Baptist Church and all its staff from liability.

Hazel Creek Baptist Church participant rules:

* Respect others, staff, property, and the church
* Use inside voices
* Keep hands and feet to yourself
* Listen to all staff members and follow directions
* Stay with staff members at all times

I understand that if the camper does not follow the rules that I may be contacted to come and pick my child. The child can be asked to leave the camp without refund due to bad behavior.

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Parent/ Guardian Name Date

Insurance Information:

Name of Insurance: Policy Number: Group ID:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of card attached to form: \_\_\_\_ yes \_\_\_\_\_no