

**Emmanuel Baptist Church School
Basketball Camp Registration**

Participant Information

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Grade: _____

School: _____

T-shirt Size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

Parent/Guardian Information

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks involved in sports activities. I further indemnify and save Jim Corrona, Emmanuel Baptist Church School, Emmanuel Baptist Church and its affiliates, employees, volunteers and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during her visit at summer camp. I further understand that Emmanuel Baptist Church, and Emmanuel Baptist Church School does not provide medical insurance coverage for the participant, and any medical expense will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness, or other situation that may require medical attention. I understand the enclosed registration fee is nonrefundable and nontransferable. Any noncooperative or noncompliant participants will be subject to dismissal.

Parent or legal guardian's signature
(if participant is under 18 years)

Relationship to participant

Date

Participant's signature

Date

Send this signed form by mail to Emmanuel Baptist Church School, 495 Old 122 Road, Lebanon, OH 45036 or by fax to 513-932-1832.