

Registration Form



Staff Use Only

Attendance

M ___ T ___ W ___ Th ___

Memory Verse

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last school grade completed _____ Male/Female

Guardian(s) name _____

Home Phone _____ Work Phone _____

- In case of emergency, contact _____ Phone _____

_____ Phone _____

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

MSC may take pictures of my child in connection with MSC: Yes/No

I permit MSC to administer to my child: bug spray / sun-tan lotion / both

SPORTS CHOICE

_____ Soccer (bring a soccer ball and shin guards labeled with your name)

_____ Volleyball (bring a volleyball labeled with your name)

_____ Basketball (bring a basketball labeled with your name)

_____ Cheerleading –grades 1-3 only (wear comfortable shoes)

T-shirt size _____

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 proper medical treatment in the event that he/she may sustain injury or illness during Master's 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(s), 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 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, and I further release the sponsoring organization and its representative 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.

Date _____ Signature of Parent or Guardian _____