

Holly Brook Baptist Church

Is hosting a

Coed Basketball Camp

July 24 - 27

9:00 am to 12:00 noon

For students age 7 - 12

Cost: \$10.00

Directed by



**SPORTS MINISTRY
OUTREACH**



Sports Ministry Outreach

Camp Registration Form

Participant Information

Last Name _____ First Name _____

Gender Male Female _____ Date of Birth _____ Age _____

Month / Day / Year

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Special Instructions (allergies, dietary, etc.) _____

Camp T-Shirt (circle one)

YS YM YL YXL AM AL AXL A2X

Parent/Guardian Information

Last Name _____ First Name _____

Parent's Email _____ Cell Phone (_____) _____

Other Contact Information _____

Church (if you regularly attend church, which one?) _____

telecasts or written accounts for any participation in a SMO Camp.

Medical Conditions

I understand that participation in the Camp may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Camp activities.

I understand that SMO or the Church and its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the church determines that my child does have a physical or mental condition that may affect his /her ability to safely and appropriately participate in Camp activities, the church may determine that my child cannot be permitted to participate. I understand and agree that, while the church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

Consent to Medical Treatment

In the event my child is injured or becomes ill in Camp activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize SMO and/or the church, its staff, and volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent of medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature _____ Date _____

Signature _____ Date _____

If only one parent/guardian signs this form, the following must also be signed:

I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Camp.

Signature _____ Date _____

Please Read Carefully and Sign Below to Indicate Your Agreement.
NOTE: This form includes a Release of Liability for Sports Ministry Outreach.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

Authorization and Release of Liability

I, the parent or guardian of the above-named child, authorize the participation of my child in the Sports Ministry Outreach ("SMO") Sports Camp.

I understand that this Camp is a nonprofit Christian sports ministry program for children and youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Camp is conducted by the SMO and its volunteers and staff, including parents of other participating children. I also understand that SMO is solely responsible for all aspects of the Camp including selection and supervision of all persons conducting the Camp. I further understand and agree that my child's participation in athletic and other activities of the Camp necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of instructors. On behalf of my child, me, and my family, I assume these risks.

In consideration of the privilege of my child's participation in the Camp and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the host Church or SMO and all of the Church's and SMO's directors, officers, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Camp (including without limitation any other participating churches, sponsors, parents, vendors, instructors, and all other volunteers) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Camp, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Camp activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in team photos, broadcasts,