

**2021 SPORTS CAMP
JULY 19-22
REGISTRATION & EMERGENCY FORM**

**Please complete the information on front and back
then return to the church office.**

Child's Name: _____

Birthday: ____/____/____ Age: _____ Grade Completed: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent(s) or Guardian: _____

SAFETY PRECAUTIONS:

Only these people are allowed to pick up my child:

Name: _____ Relation to child: _____

Name: _____ Relation to child: _____

Name: _____ Relation to child: _____

Indicate which sport you would like to play.

Archery is offered to kids 9 years and older. Spots are LIMITED for archery.

_____ Archery _____ Cheer _____ Soccer

Questions? Please call or e-mail the church office:

Phone: (810) 732-8570 E-mail: flintfaith@sbcglobal.net

EMERGENCY SECTION

Emergency Contact Person: _____	
Phone number that can be reached during event:	
1st Phone: _____	2nd Phone: _____
Relation to Child: _____	Relation to Child: _____
Any Medical Conditions: _____	
Any Food Allergies: _____	
Family Doctor: _____	Doctor's Phone: _____
Medical Ins. Co: _____	Policy #: _____

EMERGENCY RELEASE AUTHORIZATION

I have been informed that my child will be participating in a number of activities, which carry with them a certain degree of risk. I consent for my child to participate in the 2019 Sports Camp. I affirm that my child is physically fit and has the necessary skills to safely participate in these activities.

MEDICAL TREATMENT AUTHORIZATION

I understand that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional to provide the medical services her or she may deem necessary. I will pay for any medical expenses incurred in this treatment.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in Sports Camp. I also give my permission for church leaders to restrict my child from participating in any activity if they should doubt my child's ability or safety while participating.

Parent/Guardian Signature _____ Date _____

PHOTO USE RELEASE AUTHORIZATION

I give my permission for my daughter's/son's photo to appear in any advertisement, publication, or electric media that is created for the sole purpose of Faith Missionary Church. Questions should be directed to Faith Missionary Church (810) 732-8570.

Parent/Guardian Signature _____ Date _____