

**Okatee Baptist Church  
VBS Sports Camp Registration /  
Medical Release Form**



**Registration Form**

Circle Your Choice (only choose one):

**Basketball    Cheer    Ultimate    Soccer    Team 45**

**Shirt Size:   YXS   YS   YM   YL   AS   AM   AL   AXL**

**EMERGENCY CONTACT / NUMBER**

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

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_ CELL \_\_\_\_\_

PARENTS / GUARDIAN NAME \_\_\_\_\_

**ALLERGIES / HEALTH RELATED ISSUES** \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

Please list the names of people authorized to pick your children up each evening?

Any other information we need to know to protect your child?

**Medical and Liability Release**

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Parent's / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_