

# MEGA SPORTS CAMP REGISTRATION FORM

July 31<sup>st</sup> – Aug 4<sup>th</sup> @FBCSLO

9am to 12:30pm

K-6<sup>th</sup> grade

Registration Fee \$30

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian(s) name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of emergency, contact

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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

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

**SPORTS CHOICE (select one to focus on for the week)**

\_\_\_\_\_ Soccer (you can bring a soccer ball and shin guards labeled with your name)

\_\_\_\_\_ Basketball (you can bring a basketball labeled with your name)

\_\_\_\_\_ Cheerleading (wear comfortable shoes)

**Please Note:** We often take pictures during activities. If you would prefer that your child's picture not be used on any FBCSLO promotional materials, please mark here. \_\_\_\_\_

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Mega Sports Camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Mega Sports Camp, I hereby authorize the camp staff to obtain the or provide medical treatment for my child for such injury or illness during the camp. I hereby hold the camp staff, First Baptist Church of SLO, 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 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. I further release the sponsoring organization and its representatives 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.

**Parent/Guardian(s) name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_

Group Number \_\_\_\_\_

ID Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Person Authorized to pick up child \_\_\_\_\_

*Note: For safety, no children will be permitted to leave the building unattended. You must enter the building to pick children up from the play area.*

### **REGISTRATION INFORMATION**

Payment of \$30 per child is due with registration. Please make checks payable to "FBCSLO". Tuition assistance is available. Mail in registration form before camp to:

FBCSLO Attn: Children's Ministry

2075 Johnson Ave San Luis Obispo, CA 93401

For questions or additional forms: Contact Andrea Ahern, FBCSLO Children's Director.

childrens@fbcslo.org