



AUGUST 5TH-9TH, 2019

9:00am-Noon



Soccer Camp Registration and Medical Release

Child's Name: _____

Birthday: ___/___/___ Age: ___ Gender: ___ Grade: ___

Contact Information

Parent/Guardian Name: _____

Primary Phone: (_____) _____ - _____

Secondary Phone: (_____) _____ - _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

E-mail: _____

Do you have a home church? _____

NOTE: We will have a snack each day. If your child has a food allergy, please provide your child with a snack marked with their name.

Please list any medical or other special conditions we should be aware of:

The person responsible for picking up child each day is:

Name: _____

Phone: _____

Relationship to child: _____

Emergency Information

Emergency Contact in case parent/guardian can't be reached:
Name: _____

Phone: (_____) _____ - _____

Relationship: _____

Physicians Name: _____

Physicians Number: _____

If this box is marked then I DO NOT give permission for any of the sponsoring organizations to use photography that includes my child/ward. If this is blank, then I give permission to all sponsoring organizations to use photographs of my child for promotion in print and online.

Medical and Liability Release

As legal guardian I realize no activity is without the possibility of unforeseen hazards which could result in injury or worse. As a parent or guardian, I am aware of my responsibility to instruct my child/ward of the importance of conduct which will insure safety for all participants, and in doing so I assume full responsibility for my child/ward. I further agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss, abuse, death, or injuries to my child/ward.

By signing this form I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment necessary for any injury. I also certify that I am the legal guardian of this child and can sign for them in a legal capacity.

Guardian Signature: _____

Date: _____ Return to Community Grace Brethren Church

1180 S Roosevelt Ave. – 509-773-3388 – www.goldendalegrace.com

For Office Use: Date Form Received: _____