

Taylor's Valley Baptist Church MEGA Sports Camp 2015 Registration & Liability Waiver

Child's Name: _____
(First) (Middle Initial) (Last)

Home Phone/Cell Phone #: _____

Address: _____

City: _____ TEXAS Zip: _____

Date of Birth: _____ Age: _____ Last Grade completed _____

Email: _____

Sports Choice:

_____ Flag Football (bring a football labeled with your name)

_____ Soccer (bring a soccer ball labeled with your name)

_____ Basketball (bring a basketball labeled with your name)

_____ Cheerleading (wear comfortable shoes)

T Shirt size _____

Guardian(s) Name: _____

Home#: _____ Cell Phone # _____

Special Concerns: (Allergies, medication, medical conditions, etc.) _____

Name of Hospitalization Insurance Company: _____

Emergency Contact: (Name) _____ (Relationship) _____

Contact numbers: _____

Medical Information

Please list any ailments or difficulties you child may experience such as allergies, asthma, medications, seizures, heart diseases, or illnesses of which **EMS** should be warned:

I, the undersigned, certify that I am the parent or legal guardian of (hereafter the "minor child").

I hereby give my consent to have my minor child participate or I will be participating in the Sports Camp of Taylor's Valley Baptist Church. I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

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To the fullest extent permitted by law, I release Taylor's Valley Baptist Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage, or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Taylor's Valley Baptist Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being a parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give my permission to the attending permission to treat my minor child. As a parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child & agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as secondary coverage.

Executed this day of June 14th thru June 18th, 2015

Signature _____ Printed Name: _____

Date Signed: _____ 2015

General Photo Release for Taylor's Valley Baptist Church MEGA Sports Camp 2015

I grant to Taylor's Valley Baptist Church, the right to take photographs of my child and my family in connection with MEGA Sports Camp activities on sight of the facility. I authorize Taylor's Valley Baptist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Taylor's Valley Baptist Church may use such photographs of my child and/or me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____ 2015

