

# CAMP REGISTRATION FORM

## CAMPER INFORMATION

Registering for:

**Basketball Camp**

**(June 22-26)**

Time: 9:00 a.m.-noon

Ages: Completed

Grades 1 -6,

Price: \$40.00

*This fee includes:* Camp T-Shirt, Basketball, Refreshments

**Note:** On day of camp the registration cost is \$45.00

**Cheer Camp**

**(June 29-July 2)**

Time: 9:00 a.m. - Noon

Ages: Completed

K-Grade 6

Price: \$20.00 per person

*This fee includes:* Camp T-Shirt, Refreshments

**Note:** On day of camp the registration cost is \$30.00

**Drama Camp**

**(July 6-10)**

Time: 9:00 a.m. - Noon

Ages: Completed

K - Grade 6

Price: \$20.00 per person

*This fee includes:* Camp T-Shirt, Refreshments

**Note:** On day of camp, the registration cost is \$30.00

1. Last Name

2. First Name

3. Initial

4. Gender

5. Street Address (and Mail Address if different)

6. City/Zip

7. Home Phone

8. Birthday

/	/	
Month	Day	Year

9. Grade

Completed

10. Church you attend regularly

11. E-mail addresses

12. T-Shirt Size: Youth S (6-8) \_\_\_\_\_ Youth M (10-12) \_\_\_\_\_ Youth L (14-16) \_\_\_\_\_

Youth XL/Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

**13. PARENTS/GUARDIAN INFORMATION**

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Cell number \_\_\_\_\_ Cell number \_\_\_\_\_

Work number \_\_\_\_\_ Work number \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

**14. Please Read Carefully and Sign**

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

\_\_\_\_ Yes \_\_\_\_ No If Yes, please state problems: \_\_\_\_\_

**Waiver of Liability and Disclaimer**

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the First Baptist Church, Zachary, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the sponsored events, including any physical injury caused by the negligence of any coach, volunteer, helper, or employee while performing his/her duties during camp.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Amount Paid

Payment Type

Check No.