

**SPORTS CAMP**

March 15th-19th // K-6th Grade

Please **Print in Black Ink** and HAVE the completed registration form to Christian Camp of the Living Word by March 1, 2010. Space is limited, first come first serve so register as soon as possible.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Parent Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Make copy of Insurance Card **or** fill out Insurance info. below.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

List communicable diseases, serious illnesses, or surgeries occurring in the past year.

List any known drug reactions/allergies. \_\_\_\_\_

List any medications which camper takes: (All medicine must come in original container and is to be left and dispensed by camp nurse.)

I hereby give permission for the camp to administer over the counter drugs, in accordance with CCLW's standing protocol (designed and approved by the camp physician). Yes No

Any other information or conditions the camp personnel should know?

All Immunizations current or up to date? Yes No (if no, explain) \_\_\_\_\_

Person(s) **NOT** authorized to pick up camper: \_\_\_\_\_

**Parental Consent**

In Case of Emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp to hospitalize and secure proper treatment for my child. I also give CCLW and its representatives permission to transport my child at their discretion in case of emergency.

If I visit camp, I will cooperate by not asking that the camper withdraw from activities without permission of the Camp Dean.

I do hereby agree to hold Christian Camp of the Living Word, Inc. (CCLW), their agents, and employees harmless of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child, property, even injury resulting in death, which I now have or which may arise in the future connection with CCLW or participation in any other associated activities.

I hereby give permission for my child to take part in camp activities (including but not limited to; running, swimming, challenge course, archery, air soft, building and paint ball) and to be bound by all camp policies in force.

I understand and will allow photos and videos of my child to be taken while at CCLW to be used in any CCLW publications.

I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the camp will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent.

I waive any claim for damages against the camp from unconsented use, alteration, or republication of these photographs and video by third parties accessing the Internet/World Wide Web.

**Please complete address if different from Camper's.**

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

**PARENTS/LEGAL GUARDIAN SIGNATURE:**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_