



CAMPER REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Last School Grade Completed: _____ Male/Female: _____

Sports Choice: (choose one)

_____ Soccer _____ Volleyball _____ Basketball

_____ Cheerleading _____ Baseball _____ Football

****Please send your child with ALL necessary equipment for their sport of choice, including a ball, proper shoes and protective gear****

Name of Parent/Guardian: _____

Cell phone: _____ Home phone: _____

Emergency Contact NAME & Number: _____

Special concerns (allergies, medications, medical conditions, etc.) _____

CONSENT/LIABILITY RELEASE:

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the activities of Mega Sports Camp VBS conducted by Grace Point at Eagle Heights Church. I certify that my child is physically fit and adequately prepared to participate in these activities. I further consent to the use of medical treatment on my child by trained persons designated by Grace Point at Eagle Heights Church staff or by emergency personnel if necessary.

I understand that Grace Point at Eagle Heights Church will not be responsible for medical expenses incurred solely on the basis of authorization and I do hereby release them from any and all liability as my child takes part in the activities of Mega Sports Camp VBS.

Parent/Guardian Signature: _____