

GOOD NEWS MINISTRIES SPORT CAMP

Camper Registration, Medical Release & Risk Assumption Form (Please fill out form completely)

CAMPER INFORMA	HON			
Name:		Age	Date of Birth:	
Address:		City:	State:	Zip:
Phone#:	Email:		Ger	nder: male / female
CHURCH INFORMA	TION			
Your Church Name: _				
Address:		City:	State:	_Zip:
PARENTAL INFORM	IATION			
Parent/Guardian:				
Address:	c	ity:	State:	Zip:
Home#:	Work#:		Mobile#:	
EMERGENCY CONT	ACT			
Name:		Relationship:		
Home#:	Work#:		Cell#:	
MEDICAL INFORMA	ATION			
Medications:				
Can Student be given ⁻	Tylenol: <i>yes</i> or <i>no?</i>			
If no Tylenol then wha	t is preferred:			
Allergies:				
Food Allergies:				

urance Company:	Policy #:	

SPORT SELECTION

Football; Soccer; Cheerleading; Basketball; Volleyball; Baseball - Children who have not completed 2nd grade will be assigned to introductory sports training including several sport opportunities

First Choice:	Seco	ond Choice:	
Has child attended Camp befor	e (Yes/No):?		
Has child participated in choser	n sport before (Yes/No):	how many years:	
WAVIER AND RELEASE			
To attend the GNM Sports Cam			(location of Camp) <i>in</i> (address of location) <i>on</i>
	s and times camp will be held) v		(Church's Name).
	e		
•	in element of risk of injury, dam aking place at the (GNM Sport voluntarily.	_	•
•	rmission to participate exter _ <i>(Church's Name),</i> I do hereb		• • • • • • • • • • • • • • • • • • • •
forever release and discharge a	any claims, demands, actions or graph one, as a result of neg	lawsuits that may occur, which	h in any manner involve the
Signature of legal guardian:			Date:
	and/or all rights to photos to	(Good News Ministries, GN	M Sports Camp) Its staff,
founders, and/or Board of Dire	ctors in event and rally publicati	ons, videos, books, newsletter	s etc.?
*Yes No (Initials) (Initials)			