

# BIBLE SOCCER CAMP REGISTRATION FORM

Last Name of Participant(s) \_\_\_\_\_

Names of Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Other # \_\_\_\_\_

Email Address \_\_\_\_\_

Church Home \_\_\_\_\_

Would you like more information about our church?  Yes  No

Emergency Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

1<sup>st</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

4<sup>th</sup> Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_

Anything that we should know about the health of your child participating with relevance to the physical activities we have planned?

\_\_\_\_\_

Allergies or other medical conditions?

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Postcard      \_\_\_\_\_ Friend      \_\_\_\_\_ Website      \_\_\_\_\_ Facebook

\_\_\_\_\_ Poster      \_\_\_\_\_ Worship      \_\_\_\_\_ Newspaper      \_\_\_\_\_ Other

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# BIBLE SOCCER CAMP WAIVER FORM

## Participant Agreement

I acknowledge that participation in the activities of this Bible Soccer Camp involves risk to the participant (my child(ren) or the minor(s) I have signed up today), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease (COVID-19 and other), bodily injury, emotional injury and death.

With full awareness and appreciation of the risks involved, I, on behalf of my child(ren) (or minor(s) I have signed up) agree to release and promise to indemnify and hold harmless Faith Ev. Lutheran Church and its volunteers for any and all injury arising directly or indirectly out of this Bible Soccer Camp, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. I accept personal financial responsibility for any injury or other loss sustained during Bible Soccer Camp, as well as any medical treatment rendered to the participant that is authorized by Faith Ev. Lutheran Church or its volunteers.

By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed. I am sufficiently informed about the risks involved in this Bible Soccer Camp.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **\*Medical Release Form (to be signed by a parent or guardian)**

THE PARTICIPANT AND FAMILY ARE RESPONSIBLE FOR EACH PARTICIPANT'S OWN MEDICAL COVERAGE. There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. In the event of an emergency where medical treatment is required, I give permission for the camp staff to obtain the service of a licensed physician and desire to be notified immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **\*Pictures on Website, Facebook Page, or displayed in Faith's Church Building**

Our Facebook page and our website exist to let the community know what we are about and the activities we participate in at Faith. We also like to make pictures available to our congregation as we show them what their offerings are supporting. Please indicate below whether you give us permission to display pictures of your child(ren) on these forums.

**Yes, I give permission**

**No, I do not give permission**