



2013 NMC SOCCER CAMP REGISTRATION FORM

June 11-13 2013

Early Deadline: Sunday, May 5

Final Deadline: Sunday, June 2

Participant First/Last Name: _____

Gender: _____ Grade ('13-'14 School Year): _____

Date of Birth (month/day/year): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Cell: _____

Shirt Size (Circle One): YXS YS YM YL YXL/AS AM AL AXL A2XL

Emergency Contact (other than parent): _____

Emergency Phone #: _____

List any physical disabilities, limitations or concerns you have about your student participating in camp activities: _____

FOR OFFICE USE ONLY

Payment Date: _____

Payment Type (Ck #/Cash/Credit): _____

Payment Amount: _____

IYA: _____



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2013 NMC SOCCER CAMP PARENT RELEASE FORM...

AUTHORIZATION AND RELEASE OF LIABILITY

As a parent or legal guardian of this participant, I hereby grant my permission for _____, to participate in the Nappanee Missionary Church Soccer Camp on June 11-13, 2013.

In consideration of the privilege of my child's participation in the 2013 NMC Soccer Camp, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Nappanee Missionary Church and all of the Church's directors, officers, elders, trustees, deacons, employees, volunteer, insurers, agents and representatives, all other persons associated with the 2013 NMC Upward Soccer Camp.

MEDICAL CONDITIONS

I understand that participation in the 2013 NMC Soccer Camp may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in this camp's activities.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in camp activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release and Liability, Medical Conditions and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Parent/Guardian Signature: _____

Printed name: _____ Date: _____

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