



# 2013 NMC V-BALL CAMP REGISTRATION FORM

**August 1-3, 2013**

*Early Deadline: Sunday, June 30 (\$25.00)*

*Final Deadline: Sunday, July 28 (\$35.00)*

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 VOLLEYBALL 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 Volleyball Camp on August 1-3, 2013.

In consideration of the privilege of my child's participation in the 2013 NMC Volleyball 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 Volleyball Camp.

### MEDICAL CONDITIONS

I understand that participation in the 2013 NMC Volleyball 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_



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