

PARKERS LAKE BAPTIST CHURCH
PLBC Sports Camp
Registration/Medical Release Form

Circle Your Choice

Rookies Soccer Basketball Football Volleyball

Name	Age	Grade	Birthday
Address		Home Phone	
City, State, Zip		Cell Phone	
Parent Names		Email	
Emergency Contact Name and Phone Number			
Allergy/Health Issues		Home Church	

We realize that no activity is without the possibility of unforeseen hazards that could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child/children of the importance of conduct that will ensure a safe and enjoyable time while participating in this activity.

By signing this form you, as a parent, guardian, or other responsible party, agree to assume the risks and hazards that are inherent in this kind of activity. You also agree to absolve and hold harmless Parkers Lake Baptist Church and their representatives for damages, loss, or injuries to the child/children for whom you sign.

I give my child/children permission to participate in this activity and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

I give permission to have my child/children photographed with the potential for pictures to be posted on any Parkers Lake Baptist Church website or social media sites.

I give my permission to allow a PLBC Sports Camp volunteer to assist my child/children (if necessary due to the child's age) with the restroom.

I ACCEPT

Names of Participating Children:

Parent/Guardian Signature: _____

Date: _____