

FCA POWER SPORTS CAMP

CULLMAN, AL - July 9-13, 2018

Child's Name: _____

Birthdate: _____ Gender: Male Female Rising Grade: (2018-19 school year) _____

Age: _____ (as of the last day of camp - July 13, 2018; camp is for 7-13 year olds)

Parent/Caregiver Names: _____

Mailing Street: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email: _____

*Church: _____

**If you don't currently attend a church please leave the space blank.*

T-Shirt: Please CIRCLE desired SIZE. Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult X-Large

Sport Selection: Please choose a sport from those listed and select 2 alternate sports. Alternates will be used in the event that a sport is full. Registration for a sport is based on a first come and first serve selection. To ensure your enrollment in the desired sport, return the registration form as soon as possible

BASEBALL BASKETBALL CHEERLEADING FOOTBALL KARATE
SOCCER SOFTBALL TENNIS FISHING

Choice of Sport: _____

Alternate Sport: _____

2nd Alternate Sport: _____

Camp Registration Fee:
\$200 per child

Deadline to register:
Monday, June 11

Make check payable to:
NE AL FCA

Please mail or fax your application to ensure your paper registration.

Mail: NE AL FCA, P.O. Box 14185, Huntsville, AL 35815

Fax: (256) 536-3744

Questions? Contact us at nealfcacamps@gmail.com | (256) 536-7333

Student Medical Release & Permission Waiver

NOTE: Parent/Guardian MUST have this form present at registration (or before) to be permitted in camp.

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Age: _____ (as of the last day of camp, 7/13/18) Birthday: _____ Rising Grade: _____ (2018-19 school year)

Address: _____ City: _____ State: _____ Zip: _____

Parent Email(s): _____

Mother's Name: _____ Phone: (Home) _____ (Cell/Work) _____

Father's Name: _____ Phone: (Home) _____ (Cell/Work) _____

Emergency Contact: _____ Phone: (Home) _____ (Cell/Work) _____

Others Authorized To Pick Up Student:

Name: _____ Phone : _____ Name: _____ Phone : _____

Name: _____ Phone : _____ Name: _____ Phone : _____

Health Insurance Information:

Insurance Company _____ Policy # _____ Phone # _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical Information:

1. List and explain any known physical defect or illness which might interfere with the student's participation in strenuous activity.
2. Does the student have any severe allergies or reactions to drugs or medicines? Explain.
3. List any medications the student is presently taking or any special diet or exercise restrictions. (List name of drugs, dosage, etc.)
4. Indicate the date of last Tetanus shot _____
5. Are there any emotional/social disabilities that would be helpful for us to be aware of?
6. Is your son/daughter living with: both parents one parent guardian other

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Student Participant Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for Camp Trainer and Camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported in an authorized FCA vehicle for FCA activity locations.

Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry, or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Student Participant Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Participant Form, including the Release of Liability above, on behalf of the student and agree that this Student Participant Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

DATE _____

PRINT NAME OF PARENT OR LEGAL GUARDIAN _____

DATE _____

WITNESS SIGNATURE _____

DATE _____