|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child | | | | | | | |
| First Name | | Last Name | Age | Birthdate | | Grade | Gender |
|  | |  |  | M D Y | |  | M / F |
|  | | | | | | | |
| Are there allergies that we need to be concerned with? Yes / No | | | | | | | |
|  |  | | | | | | |
| Are there meds or an epi-pen carried with the child? Yes / No  Separate Epi-pen consent to administer forms are in the church office. | | | | | | | |
| Special needs (behavioural / emotional / physical)? Yes / No | | | | | | | |
|  |  | | | | | | |
| Request to play on the same team as (must be in the same division) | | | | |  | | |
|  |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent / Guardian Info | | | | | | | | | | | | | | | | | | |
| Father’s First Name | | | | |  | | | | | | | Last Name |  | | | | | |
| Mother’s First Name | | | | |  | | | | | | | Last Name |  | | | | | |
| Address | |  | | |  | | | | | | | | | | | | | |
| City |  | | | | | | | Province | |  | | | | | Postal Code | |  | |
| Home Phone | | | |  | | | Father cell | |  | | | | | Mother cell | |  | | |
| Email | | |  | |  | | | | | | |  | | | | | | |
| Emergency Contact | | | | | Name |  | | | Phone | |  | | | | Relationship | | |  |
| Do you regularly attend a local church? If so name of church | | | | | | | | | | |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent or Guardian Consent | | | |
| As parent(s) and /or guardian(s), I/we do here authorize treatment under the direction of a licensed physician of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me/us at the phone number(s) listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby released Calvary Baptist Church where the child attends **S.P.A.R.K. BASKETBALL CAMP** from any responsibility.  Occasionally photos of the children are taken for promotional purposes. With your signature, permission is given to use these photos for this purpose only. Circle No to decline | | | |
| **Parent Signature:** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| T-Shirts ( circle one ) | | | |
| Child size | XS S M L | Or Adult Size | S M L |

|  |
| --- |
| Registration fee $35 (circle one) Pd by Cash / Cheque / Card |
| Payment confirms your spot but we cannot save spots. Enrollment is limited in each division. When these spots are full, you may place your name on a waiting list in case someone withdraws. Age limits are binding and there are no exceptions. What to bring? Questions Contact Coach Kelvin. Bring Indoor running shoes, gym clothes, water bottle, snack |