

# CAC Summer Sports Camps Registration and Release Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

|   | Camp attending | Total due |
|---|----------------|-----------|
| Girls Basketball Camp, May 23-25  |                |           |
| Boys Basketball Camp<br>Entering 3 <sup>rd</sup> -5 <sup>th</sup> , May 29-30<br>Entering 6 <sup>th</sup> - 9 <sup>th</sup> , May 31-June 1 |                |           |
| Football Camp, June 12-14   |                |           |
| Baseball Camp<br>Entering 4 <sup>th</sup> - 6 <sup>th</sup> , July 9-12<br>Entering 7 <sup>th</sup> - 9 <sup>th</sup> , July 16-19          |                |           |
| Volleyball camp, July 16-18   |                |           |

I give my consent to allow the following person(s) to pick-up my child in my absence at the end of the camp:

1) \_\_\_\_\_ 2) \_\_\_\_\_

My student has the following allergies: \_\_\_\_\_

**Authorization to Consent to Medical Treatment:**

In the event I cannot be contacted to give my consent, I hereby authorize Central Arkansas Christian, Inc. and any employees to provide emergency first aid treatment for my child.

\_\_\_\_\_ yes \_\_\_\_\_ no

**Sports Camps Release** *(must be signed and dated)*

I understand and agree that my signature releases the camp, CAC and any participating party from liability in the event of injury and/or treatment of an injury, illness, or medical problem. My signature also authorizes treatment of an injury or medical problem by trained medical personnel in the event of an emergency. I also understand that the camp/CAC will not carry insurance for any camper and that any costs incurred in the treatment of any injury or medical problem are the camper's responsibility.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Sports Camp T-shirt size needed (check one) \_\_\_YS \_\_\_YM \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL

*\*Please return form & payment to the school office or mail to CAC, Attn: Gay Passafiume, 10900 Rodney Parham RD Little Rock AR 72212*