

# Parkway Baptist Sports Camp Medical Release Form

For Office Use Only	
Paid: Cash / Check # _____	
Form signed _____	
Entered on roster _____	

Complete one form per child.  
Circle Your Choice (only choose one):

Soccer    Basketball

NAME		AGE	GRADE	BIRTHDATE / /	CIRCLE ONE M    F	
ADDRESS				HOME PHONE		
CITY	STATE	ZIP		CELL OR DAYTIME PHONE		
PARENT(S) NAME			EMERGENCY CONTACT & PHONE #			
ALLERGIES/HEALTH ISSUES			HOME CHURCH			
Email						

### Medical and Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety 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 which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child 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.

Parent's / Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

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