



## Crossroads Sports Camp Registration and Medical Release Form



### FAMILY INFORMATION

Parent(s) Name:			
Address:			Home Phone:
City:	State:	Zip:	Cell Phone:
Email:		Home Church:	
Emergency Contact & Phone Number:			

### CAMPER #1

Child's Name:	Age:	Grade:	Birthday:	Gender: M   F	Allergies/ Health Issues:
Circle T-Shirt Size: 4-5 6-8 10-12 14-16 AS AM AL AXL	Circle Sport Choice:    Basketball    Soccer		Cheerleading (girls)		
	Team 45 (4&5 year olds)		Ultimate Frisbee (8-12 years)		

### CAMPER #2

Child's Name:	Age:	Grade:	Birthday:	Gender: M   F	Allergies/ Health Issues:
Circle T-Shirt Size: 4-5 6-8 10-12 14-16 AS AM AL AXL	Circle Sport Choice:    Basketball    Soccer		Cheerleading (girls)		
	Team 45 (4&5 year olds)		Ultimate Frisbee (8-12 years)		

### CAMPER #3

Child's Name:	Age:	Grade:	Birthday:	Gender: M   F	Allergies/ Health Issues:
Circle T-Shirt Size: 4-5 6-8 10-12 14-16 AS AM AL AXL	Circle Sport Choice:    Basketball    Soccer		Cheerleading (girls)		
	Team 45 (4&5 year olds)		Ultimate Frisbee (8-12 years)		

### CAMPER #4

Child's Name:	Age:	Grade:	Birthday:	Gender: M   F	Allergies/ Health Issues:
Circle T-Shirt Size: 4-5 6-8 10-12 14-16 AS AM AL AXL	Circle Sport Choice:    Basketball    Soccer		Cheerleading (girls)		
	Team 45 (4&5 year olds)		Ultimate Frisbee (8-12 years)		

### CAMP FEE

Early Bird Camp fee (by June 1st): \$40/Camper	\$40 x _____ Camper(s) =	\$ _____	<b>Total Due</b>
Camp Fee (after June 1st): \$45/Camper	\$45 x _____ Camper(s) =	\$ _____	<b>Total Due</b>

### MEDICAL AND LIABILITY RELEASE

I give permission for Crossroads Evangelical Covenant Church (Crossroads) and the Unchartered Waters Sports Ministry (UW) staff, coaches, and volunteers to take whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resources deem it necessary. It is understood that in some medical situations the Crossroads and UW staff/volunteers will need to contact local emergency resources before the parent/guardian, the student's physician, and/or other adults acting on the parent's behalf, are notified. I understand that any expenses incurred will be borne by the child's family. I hereby release Crossroads Evangelical Covenant Church and UW Sports Ministry, together with their respective staff and volunteers, from responsibility or liability for any injury or illness that my child may sustain while under the supervision thereof in connection to this program.

I further give permission to Crossroads and UW Sports to use any photo, image or likeness of my child for promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail registration form and payment to:**

Crossroads Church  
17445 Notre Dame Street  
Forest Lake, MN 55025

#### For Office Use Only

Cash: _____	Check #: _____	FA: _____
Signed: _____	Allergies: _____	Roster: _____