

Registration Application

CAMP INFORMATION

- Camp Dates: Monday, July 8th – Friday, July 10th. Each program day begins at 9:00 am and ends at 12:00pm.
- Drop off will take place at the church's lower building. Pick up time begins at 12:00pm.
- On inclement weather days, activities will be performed in the church's gym.
- Children will be given multiple opportunities for breaks. We will provide refreshments for hydration and breaks for restroom usage.
- Lunch will be served each day during the camp.
- Please be sure that your child is wearing appropriate attire (active wear) to exercise and play sports.
- There are limited spots available for this camp. PAPER APPLICATIONS WILL ONLY BE ACCEPTED WITH PAYMENT.

How many children are you registering? (check one box) 1 2 3 4

CHILD INFORMATION

Child 1 First & Last Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ Last Grade Completed: _____ Grade Age: _____ years old Medical or other information we may need to know about your child (including food allergies): _____	Child 2 First & Last Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ Last Grade Completed: _____ Grade Age: _____ years old Medical or other information we may need to know about your child (including food allergies): _____
Child 3 First & Last Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ Last Grade Completed: _____ Grade Age: _____ years old Medical or other information we may need to know about your child (including food allergies): _____	Child 4 First & Last Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ Last Grade Completed: _____ Grade Age: _____ years old Medical or other information we may need to know about your child (including food allergies): _____

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Parent/Legal Guardian

First Name: _____	Last Name: _____	Phone Numbers
Address: _____	Apt./Room/ Suite #: _____	Cell: () - _____
City: _____ State: MS Zip Code: _____		Home: () - _____

List the name and phone number of persons (other than the parent/guardian listed above) who we may contact in case of an emergency.

Contact 1: _____ ()	Contact 2: _____ ()
Contact 3: _____ ()	Contact 4: _____ ()

CHILD PICK-UP INFORMATION

Provide the names & numbers of persons to which the child(ren) may be released to each day after camp (Please provide at least two)

Contact 1: _____ ()	Contact 2: _____ ()
Contact 3: _____ ()	Contact 4: _____ ()

Are there any persons to which the child (children) may NOT be released to? YES NO

If yes, list their full names here:

PAYMENT INFORMATION

The cost of our Youth Soccer Camp is \$10 per child. Payment must be made before your child(ren) can participate in the camp. Payment can be made at the Southside Baptist Church administrative office by exact cash, check (addressed to Southside Baptist Church), or money order. **Payment Deadline: Wednesday, July 3rd, 2019.**

Number children registering = _____ children) X \$10 = \$_____ Total Registration Balance
 How will you be paying for the Youth Soccer Camp? Cash Check (Check No. _____) Money Order

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CAMP RELEASE INFORMATION

I hereby authorize the volunteers of the Southside Baptist Church Youth Soccer Camp to act for me in their best judgment in any emergency requiring medical attention for my child. I hereby waive and release the program, its volunteers, and Southside Baptist Church from any and all liability for any injuries and illness incurred during the program. I will be responsible for any and all costs of medical attention and treatment. The Youth Soccer Camp and Southside Baptist Church are not responsible for any personal items that are lost, stolen or damaged. I also understand that pictures taken during the program may be used in any promotional materials. I hereby warrant that my child is in good physical condition and can participate in this program.

I hereby give my permission for all my children listed above to ride the van, participate in activities, and attend Southside Baptist Church or any of the church related functions. I understand that my children will be under adult supervision. I understand that my child OR children will be obliged to abide by the code of conduct on the van and at church. I also authorize Southside Baptist personnel to act on my behalf as parent of my child while he/she is participating in church activities or on the van. I further understand that in signing this permission slip, I release and hold harmless Southside Baptist Church and all other church-related functions. By signing this permission slip, I release and hold harmless its trustees, officers, employees, interns, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relation to Student _____

RULES & CODE OF CONDUCT

The goal of our Youth Soccer Camp is to build up students in our community by equipping them with an adequate and enriching recreational experience and to share the hope and love that can be experienced in Jesus Christ. Therefore, we act in accordance with our faith and our vision.

Rules

1. Obey leaders always. **No back talking.**
2. Participate in all activities.
3. Take care of the all the property of the church, players and coaches.
4. Do not use ANY bad language.
5. Always go to activities on time. Bathroom breaks are between classes.
6. No fighting or instigating fights. The church needs to be a place of peace.
7. Please dress appropriately for exercising and playing sports.

General Consequences for Rule-Breaking

- a. **First Occurrence:** Student will receive a verbal warning from the leader or assisting adult in the group.
- b. **Second Occurrence:** Student will be removed from group by an assisting adult. A private discussion should resolve the problem and the student may return to activity.
- c. **Third Occurrence:** The student will be removed from group by an assisting adult. The student's parent will be notified of their behavior as quickly as possible. Resolution of the issue will be affected by the student, parents and leader(s) prior to the student returning to activities.
- d. **Fourth Occurrence:** Repetitive breaking of the offense will result in disciplinary action (ranging from performing service duties to student suspension) for the student. If the student refuses to perform the task(s) asked of him or her, a suspension will be served immediately. No refunds will be issued regardless of participation.

PLEASE BE SURE THAT YOU AND YOUR CHILD(REN) ARE AWARE OF THE RULES

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____

Received by: _____ Has Applicant Paid? YES NO PARTIALLY

Office Notes About the Applicant(s):