

# SUMMER SPORTS JAM 2018 REGISTRATION FORM

Today's date:		Date Received:	
<b>CAMPER INFORMATION</b>			
Name:		Birth date: / /	Age: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Street address:		Contact phone: ( )	
City:	State:	ZIP Code:	
<b>Grade Entering Fall 2018</b> (please check one box): <input type="checkbox"/> 4-5 yrs. old <input type="checkbox"/> kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th			
<b>T-shirt Size:</b> (child) <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> x-large/adult small (adult) <input type="checkbox"/> medium <input type="checkbox"/> large			
<b>Food/Medication Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe):			

<b>PARENT/GUARDIAN INFORMATION</b>	
Parent/Guardian Names:	
Cell phone: ( )	Home phone: ( )
Parent Email:	

<b>MEDICAL INFORMATION</b>	
Name of Physician:	Physician phone: ( )
Insurance Company:	

<b>MEDICAL &amp; PHOTO RELEASE</b>	
Parent/Guardian: by registering your child for Summer Sports Jam, you agree to the following:	
<p><b>MEDICAL AUTHORIZATION:</b> It is understood that an effort will be made to contact the undersigned prior to rendering treatment but medical treatment will not be withheld if the undersigned cannot be reached. As the parent or legal guardian of the child whose form I am submitting, a minor, I hereby authorize and consent to any x-rays, examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required. It is given to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.</p> <p><b>PHOTO RELEASE AUTHORIZATION:</b> Fairview Missionary Church occasionally uses video and photographs of children participating in Summer Sports Jam for publicity purposes. As the parent or legal guardian of the child whose form I am submitting, a minor, I grant permission to Fairview Missionary Church to record on film, video tape, or audio tape his or her participation in Summer Sports Jam. I further agree that any or all of the material recorded may be used in any form, as part of any future production(s) made by or for the promotion of the Summer Sports Jam program; and further that such use shall be without payment of fees, royalties, special credit, or other compensation. <i>I understand I may opt out of this photo release by sending an email to <a href="mailto:jessica@fairviewangola.com">jessica@fairviewangola.com</a> stating my wishes, along with the name(s) of my child(ren).</i></p>	
Parent/Guardian Signature:	Date:
<b>Registration Checklist:</b> <input type="checkbox"/> completed registration form (1/child) <input type="checkbox"/> registration fee (make checks out to Fairview Missionary Church) <i>*Before June 1<sup>st</sup>: \$10/child *After June 1<sup>st</sup>: \$15/child</i>	
Office Use Only	Date Received: <div style="float: right;">Payment Received:</div>