



REGISTRATION FORM – 2019

Complete the information below. Parents will need to complete a separate form for each child.

Child's First Name

Child's Last Name

Date of Birth

Month

Day

Year

Gender (M or F)

Grade Entering Fall 2019

Parent's First Name

Parent's Last Name

Address – Please include apartment number, if applicable.

City

Zip

Phone Number

Email

Emergency Contact First Name

Last Name

Phone Number

Medical Conditions and/or Medications

Are there any special medical conditions (INCLUDE ALLERGIES) and/or medications which Fitness Camp staff should be aware? Describe or list below:

Inclusion Information

We will try to accommodate all children with special needs with inclusion buddies, adapted activities and low-sensory spaces. In order for our Accommodation Specialist to develop an inclusion plan for your child, please check the Yes box and a questionnaire will be sent to you.

Yes

Do you currently attend a church?

Yes No If yes, do you mind telling us where you attend? _____

If desired you may request your child to be placed in a rotation group with one other child. Note: Children must be within 1 grade of each other and registered no later than July 15. Please list the full name of the child you want your child placed with. While we cannot guarantee your child will be in the same group as the child you request, we will make every effort to meet your request.

MEDICAL WAIVER

PARENT: I, the above signed parent or person having legal custody or the legal guardian of the above-named minor give permission for the above named minor to participate in Fitness Camp from Monday, July 22nd – Friday, July 26th, 2019 and do hereby authorize Kathleen Cantwell or any volunteer appointed by Kathleen Cantwell to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the state they practice in. In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risk attenuate upon each, and the risk attenuate to forgoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risk incident and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above-named minor. I also agree to reimburse any expenses not covered by the church's insurance. I will not hold the church or any of the workers responsible for any illness or injury to my child.

Yes No

PHOTOGRAPH/VIDEO WAIVER

I understand that as a participant, my child may be photographed or videotaped. I understand that the videos or photographs may be used in promotional materials including our website, and Facebook and Instagram accounts. Grace Community Baptist Church will never publish your child's name with any of its print or electronic media. Please indicate your permission.

Yes No

Print Parent's First and Last Name

Parent's Signature