

Registration & Permission Form

My child, _____ has my permission to participate in the Kids Basketball Camp at the Waynedale Baptist Church, Monday, July 15 – Friday, July 19, 2019.

My child will be expected to obey the rules and the coaches at all times!

Should a medical emergency arise, I give permission to the coaching/staff to secure medical attention for my child.

address: _____

date of birth: _____ age: _____

allergies: _____

other medical conditions: _____

Medications presently taking: _____

Insurance info: company name: _____

Policy number/primary insured name: _____

Do we have permission to photograph your child? yes ___ no ___

Do we have permission to use your child's photograph for promotional purposes? yes _____ no _____

Signature of parent or guardian: _____

home phone #: _____ other #: _____

other emergency contact: _____

other than parent; their relationship: _____

phone#: _____

(Please do not leave your child at the church without coaching staff present)