



Summer Sports Camp Registration Form

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Enroll Date \_\_\_\_\_

Emerg Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency / Authorized Pickup Person (other than parent)

Contact #1 \_\_\_\_\_ DL # \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact #2 \_\_\_\_\_ DL # \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact #3 \_\_\_\_\_ DL # \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Food Allergies / Diet Restrictions \_\_\_\_\_

List any medical situations involving Child (I.E. food allergies, asthma, dietary restrictions etc.)

\_\_\_\_\_

How did you hear about the Cobb Sports / Folger Sports Summer Sports Camp \_\_\_\_\_

Waiver and Emergency Medical Form and Procedures

In consideration of Cobb Sports Complex, Inc., Folger Sports Inc., and Mount Paran North Sports Ministry of allowing my child to attend, I [we], individually and as Legal guardian(s) (and/or) parent(s) of:

\_\_\_\_\_ Child's Name

(my child) do hereby release, discharge, indemnify and hold harmless Cobb Sports Complex Inc., Folger Sports Inc., Mount Paran North Sports Ministry and its owners, directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims or liabilities from any injuries, losses, or damages including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in the Summer Sports Camp program whether caused in whole or in part, by the negligent act(s) or omission(s) of its owners, directors, employees or agents. I hereby authorize the Summer Sports Camp staff to act for me according to their best judgment, in any medical emergency for my child. If I cannot be reached, the camp staff is authorized to transport my child to the nearest medical facility used by the program. I agree to assume responsibility for the payment of the emergency treatment. I agree to keep the camp staff informed at all times of any telephone numbers where I or a preferred physician may be reached.

In the event of an emergency, the Camp Directors will use the following procedures: 1) Contact Parent, 2) Contact the following emergency contact (name/phone) \_\_\_\_\_, 3) Call emergency medical team if necessary (911), 4) Transport child via emergency medical team to nearest hospital.

\_\_\_\_\_ Signature Parent/Legal Guardian

\_\_\_\_\_ Date