



# MEGA SPORTS CAMP REGISTRATION FORM

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Last School Grade Completed \_\_\_\_\_ Male/Female \_\_\_\_\_

### **SportsChoice**

\_\_\_\_\_ Soccer (bring a soccer ball and shin guards labeled with your name)

\_\_\_\_\_ Basketball (bring a basketball labeled with your name)

T-shirt size \_\_\_\_\_ **(due to turnaround time, child must be registered by July 17<sup>th</sup> to guarantee T-shirt)**

COST per FAMILY - \$30 for 1 child, \$50 for 2 children, \$60 for 3 children (Cost includes; camp, backpack, trophy, t-shirt, snacks and drinks)

Guardian(s) name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Special concerns (allergies, medications, medical conditions, etc.) \_\_\_\_\_

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during MEGA Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**PLEASE COMPLETE AND SIGN THIS FORM, RETURN TO  
LIVING HOPE CHURCH  
200 S. Heartz Rd.  
Coppell, TX 75019  
972-462-0505**