



# Registration

## Event: Summer Camp 26

Cost: \$619

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Liability Waiver

Please read the entire document and sign at the bottom.

I agree to release Parker Bible Church and its employees and agents from liability. I also grant permission to Parker Bible Church to seek and obtain medical care in the event of illness or injury. I have therefore read this document carefully before signing it. I understand that during my child's participation, he/she may participate in several strenuous activities. Prior to my child's participation, I acknowledge that there are certain risks of physical injury or illness associated with activities in which I/he/she may participate.

In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. By signing I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release Parker Bible Church and its employees and agents from any claim that I may have against them as a result of physical injury or illness incurred during my participation. This release of liability shall include (without limitation) any claims for negligence or breach of warranty that I may have against Parker Bible Church or its employees or agents. This release of liability is also intended to cover all claims that members of my family or my estate, heirs, representatives, or assigns may have against Parker Bible Church or its employees or agents.

In the event that my child is injured or becomes ill, I authorize Parker Bible Church and its employees and agents to seek and obtain any necessary medical treatment for my child. I further authorize any licensed doctor or hospital to administer medical treatment on my child. This release and permission form shall be effective and binding upon Parker Bible Church and me. I have read this release and permission form and understand its terms.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information

Is your youth presently being treated for an injury or sickness or taking any medications? YES/NO

If yes please explain: \_\_\_\_\_

Does your youth have a physical restriction or illness that will prevent him/her from participating in normal rigorous youth activities? YES/NO

If yes please explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Photo/Video Release

I recognize that Parker Bible Youth Ministry uses photographs and video images of events in publicity materials such as the church website and other media and I hereby grant permission for the photo/video images of my child to be taken and used for such purposes.

Parent/Guardian: \_\_\_\_\_