



2024 Basketball Camp Registration Form

October 28- November 1, 2024 6pm - 8pm Wooster Grove Gym

Child's Name: _____

Parent(s)/Guardian Name: _____

Full Mailing Address: _____

T-shirt size (circle): YthSm YthMed YthLg AdltSm AdltMed AdltLg

Email Address : _____

Age & Date of Birth: _____ Grade as of Sept 1, 2024: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Please indicate the name(s) of those allowed to pick up your child from Basketball Camp:

Family Physician: _____ Phone Number: _____

* Specific medical allergies, chronic illnesses, or other conditions: _____

_____ Date of last Tetanus shot: _____

As the parent/guardian, I do herewith authorize treatment under the direction of any licensed physician of the above listed minor in the event of a medical emergency. This authority is granted after a reasonable effort has been made to reach the parent/guardian by phone at the number listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases FREEDOM ROAD BIBLE CHURCH from any liability therefore. This release form is completed and signed with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent/Guardian: _____ Date: _____

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church web site, FRBC facebook page, brochures and newsletters. Children's names or information are NEVER used without specific permission. By signing this area, you are releasing FREEDOM ROAD BIBLE CHURCH to use photographs of your child as stated above.

Signature of Parent/Guardian: _____ Date: _____