



REGISTRATION FORM

Basketball Camp – August 16-18, 2017 6:30-8:30 PM

Parent/Guardian Name:		Parent/Guardian Phone #:
(1)		(1)
(2)		(2)
Child(s) Name:	Age:	Allergies:
Mailing Address:		Email Address:
In case of an emergency (alternate contact other than parent):		
Telephone:		Relationship to Child:
Individuals authorized to pick up your child:		
Name(s):		Phone # (s):

Medical/Photography Release:

In the event of an emergency that requires medical treatment for my child, I understand that every effort will be made to contact me or my alternate emergency contact. However, if I/we cannot be reached, I give permission to Craigs Baptist Church staff/volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I agree to assume responsibility for all costs associated with any incident or medical treatment of my child. I also understand the photographs and video footage of my child may be taken for promotional and informational purposes. I give permission for video and/or photos of my child to appear among other general event photos. Personal information about my child will not be listed with these photographs or videos.

Parent/Guardian signature: _____

Location of Event: Community Life Center * 14120 W. Catharpin Road, Spotsylvania, VA

14123 W. Catharpin Road, Spotsylvania, VA 22551 * 540/854-5284 * churchoffice@craigchurch.org