



CHILD'S REGISTRATION FORM

Child's Name: _____

Boy or Girl (Circle One)

Birthdate: _____ Age: _____

Last Grade (COMPLETED): _____

Siblings & Grades (COMPLETED):

Parent/Guardian Name: _____

Physical Address (Street, City, State & Zip Code):

Mailing Address (If Different):

Phone Numbers:

Cell _____ Home _____ Work _____

Email Address:

ALLERGIES:

MEDICAL INFORMATION:

TURN OVER

EMERGENCY CONTACTS & PHONE NUMBERS:

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

DISMISSAL INFORMATION:

Who may pick up your child at the end of camp each day?

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

OTHER INFORMATION:

Does your family attend LifeGroup/Church? If so where?

Would you like information about First Baptist Church?

Name: _____

Boy or Girl (Circle One)

Birthdate: _____

Age: _____

Sports Available:

Baseball Basketball Football Interpretive Dance Kickball Soccer
Golf (4th – 6th grade only) Volleyball (4th – 6th grade only)

Day 1: _____

Day 2: _____

Day 3: _____

I, the undersigned parent/guardian, do hereby grant permission for my child named above, to attend the 2019 Ruidoso Sports Camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during the 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, 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 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 child 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 their 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 their failure to abide by the rules and regulations of the camp.

I also understand that pictures and video from 2019 Ruidoso Sports Camp, including my child, may be used for promotion, distribution and other publications with First Baptist Church. This may be in print or online.

Name of Parent/Guardian (Print) _____

Signature of Parent/Guardian _____ Date _____

RETURN TO: First Baptist Church, 270 Country Club Dr. Ruidoso, NM 88345 or bring with you to camp. More details online @www.firstruidoso.com