



## Community Bible Church Sports Camps and Activities 2022 Student Registration Form

**Please print, fill out, and bring to first day of activity.**

### **Participant Information:**

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

**Gender:** ☐ Male ☐ Female **Grade completed:** \_\_\_\_\_ **T-shirt size:** YS YM YL AS AM AL AXL

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Event:** ☐ Basketball Camp ☐ Wrestling Clinic ☐ Other: \_\_\_\_\_

### **Medical/Insurance Information:**

**Medical Concerns:** \_\_\_\_\_

**Allergies/Allergic Reactions:** ☐ Bee Stings ☐ Peanuts ☐ Other: \_\_\_\_\_

**Insurance Company and Policy Number:** \_\_\_\_\_

(A photocopy of insurance card is helpful)

### **Parent/Guardian Information:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

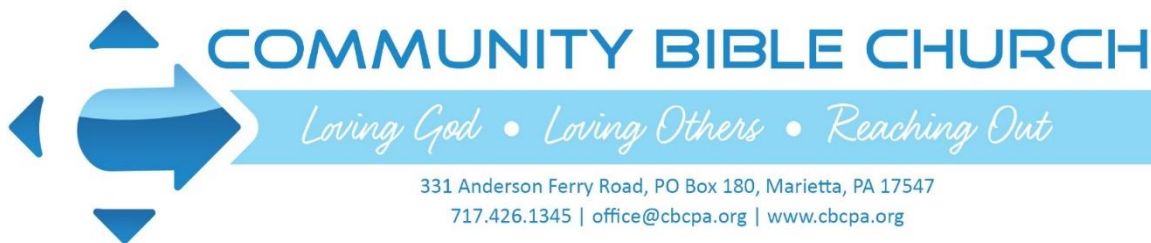
### **Alternate Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **Office Use Only:**

**Completed:** ☐ Participant Form ☐ Release Form ☐ Fee Paid to CBC (if applicable)



**Community Bible Church**  
**2022 Medical Care and Liability Release**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Last First

Place initials beside each statement and then sign and date at the bottom of the form.

\_\_\_\_\_ I hereby grant permission for my child to participate in any and all activities sponsored by the **Community Bible Church of Marietta**, including activities at the **Community Care Center**, and to attend various social, educational, and physical activities sponsored by said church as a part of its ministry, whether on or off the church premises. I hereby waive, release, and hold harmless **Community Bible Church**, its staff, administrators, teachers, supervisors, volunteers and persons transporting my child to and from activities, and other participants, from any claim arising out of an injury or sickness to my child.

\_\_\_\_\_ In case of emergency, I hereby give permission to the physician selected by the staff member in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my teen as named on this form. I certify that my teen is in good physical condition and is able to participate in the entire program and will not hold Community Bible Church responsible for any injuries.

☐ I have read and agree to the statement above.

This form is valid from **June 1-December 31, 2022**

Activity: ☐ Basketball Camp ☐ Wrestling Clinic ☐ Other: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_ Emergency #: \_\_\_\_\_  
**Parent/Guardian Printed Name**

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_