

Emmaus Lutheran School
Sport Camp Registration

Child's Name: _____ Grade: _____ Birthdate: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Street Address _____

City: _____ State _____ Zip: _____

T-Shirt Size (circle one): Youth small, Youth medium, Youth large, Adult small, Adult medium, Adult large

Child's Limitations or Cautions: _____

Special Considerations: _____

Parent/Guardian Names: _____ Email: _____

Emergency Contact (other than household): _____ Phone: (_____) _____

AUTHORIZATIONS and RELEASE

Photograph Permission: I give permission for Emmaus Lutheran School to use any pictures of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified Emmaus Lutheran School staff member. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by Emmaus Lutheran School when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing that Emmaus Lutheran School will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Emmaus Lutheran School, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support the purpose of Emmaus Lutheran School's Sport Camps which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, and family involvement.

Signature of parent or legal guardian: _____ Date: _____