

<p align="center"><b>Undefeated!</b> <b>Sports Camp</b> <b>Romans 8: 37 - 39</b> <b>Sponsored by St. Andrew's Presbyterian Church</b> <b>June 9 - 13, 2008</b> 8:15 am - 11:15 am each day</p>	<b>Office Use Only</b>		<b>Registration Rec'd:</b>		<b>Confirmed:</b>		<b>Deposit Date::</b>	
	Paid by:	Check #	in amt of \$		Cash amt: \$		Parent Sign: Y / N	
	Food Allergies:				Other Allergies:		Special Needs:	
	Child 1:	Y / N	If Yes, FAAP rec'd:	Y / N	Child 1:	Y / N	Child 1:	Y / N
	Child 2:	Y / N	If Yes, FAAP rec'd:	Y / N	Child 2:	Y / N	Child 2:	Y / N
	Child 3:	Y / N	If Yes, FAAP rec'd:	Y / N	Child 3:	Y / N	Child 3:	Y / N

**Camp Dates: June 9 - 13, 2008**

<b>Child 1: Name of child (please print clearly)</b>				<u>Circle One:</u>	<u>Age</u>	<u>Shirt Size (circle one):</u>					
_____				Male		Youth Sm	Youth Med	Youth Lg			
_____				Female		Adult Sm	Adult Med	Adult Lg	Adult XLg		
last name				first name		Birth date: / /		Grade on January 1, 2007:			
Sport (circle one):	Soccer	Cheer	Basketball - if space is not available, put this child in (circle one option):				Soccer	Cheer	None		
Food Allergy: Y / N	If yes, please note: _____										
If this child has any food allergies, a Food Allergy Action Plan (FAAP) must be submitted <b>no later than June 2, 2008</b> . Please see Registrars for FAAP Form.											
Special Needs / Other Allergies: Y / N		If yes, please note: _____									

<b>Child 2: Name of child (please print clearly)</b>				<u>Circle One:</u>	<u>Age</u>	<u>Shirt Size (circle one):</u>					
_____				Male		Youth Sm	Youth Med	Youth Lg			
_____				Female		Adult Sm	Adult Med	Adult Lg	Adult XLg		
last name				first name		Birth date: / /		Grade on January 1, 2007:			
Sport (circle one):	Soccer	Cheer	Basketball - if space is not available, put this child in (circle one option):				Soccer	Cheer	None		
Food Allergy: Y / N	If yes, please note: _____										
If this child has any food allergies, a Food Allergy Action Plan (FAAP) must be submitted <b>no later than June 2, 2008</b> . Please see Registrars for FAAP Form.											
Special Needs / Other Allergies: Y / N		If yes, please note: _____									

<b>Child 3: Name of child (please print clearly)</b>				<u>Circle One:</u>	<u>Age</u>	<u>Shirt Size (circle one):</u>					
_____				Male		Youth Sm	Youth Med	Youth Lg			
_____				Female		Adult Sm	Adult Med	Adult Lg	Adult XLg		
last name				first name		Birth date: / /		Grade on January 1, 2007:			
Sport (circle one):	Soccer	Cheer	Basketball - if space is not available, put this child in (circle one option):				Soccer	Cheer	None		
Food Allergy: Y / N	If yes, please note: _____										
If this child has any food allergies, a Food Allergy Action Plan (FAAP) must be submitted <b>no later than June 2, 2008</b> . Please see Registrars for FAAP Form.											
Special Needs / Other Allergies: Y / N		If yes, please note: _____									

**Please turn over and complete back of this form!**



## Parent / Guardian Information

Mother / Guardian Information (Please print):			Father / Guardian Information (Please print):		
Name: _____, _____ last first			Name: _____, _____ last first		
Street Address:			Street Address:		
City	State	Zip	City	State	Zip
Home Phone:		Cell:	Home Phone:		Cell:
During camp, the best number to reach me at is: Home Cell			During camp, the best number to reach me at is: Home Cell		
In case of emergency, please contact (Name of adult other than parent /guardian): phone:			In case of emergency, please contact (Name of adult other than parent /guardian): phone:		
Email address:			Email address:		
Home Church:			Home Church:		

## Medical and Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and an enjoyable time while participating in this activity.

By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards of which are inherent in this kind activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials. I understand I may receive notification of future events from St. Andrew's Presbyterian Church.

**I give my child(ren), \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_,**  
(child 1) (child 2) (child 3)  
**permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.**

Parent's / Guardians Name - please print

Parent's / Guardian's Signature

\_\_\_\_\_  
Today's date