



PARTICIPANT REGISTRATION FORM

Name _____

Address _____ City _____

State: _____ Zip _____ Home Phone _____

Fall 2009 grade _____ Ht. _____ Wt. _____ Shirt Size _____

Emergency Contact _____ Phone _____

How Do I sign UP?

**First Baptist Church
301 East Capitol Avenue
Jefferson City, MO 65101**

Parents may drop off their registration form and fee at the Church Office between **8:00am-5:00pm Monday-Friday.**

Dates: July 6th-10th
Times: **Grades 4 through 6**
8:00am–11:00am
Grades 1 through 3
1:00pm–4:00pm
Place: **First Baptist Church**
Activities Building
Cost: **\$25**

Grades are based on the grade that your children are entering in the Fall of 2009.

For More Information Call:
(573) 634-3603

Deadline to Register:
Thursday, July 2, 2009

Father/Guardian Information **Mother/Guardian Information**

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Work Phone: _____

Work Phone: _____

PLEASE READ CAREFULLY – RELEASE MUST BE SIGNED

Does this child have any disabilities handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No
If Yes, Please state conditions:

Doctor's Name: _____ Phone Number: _____

EMERGENCY AUTHORIZATION (from above): I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorizes the coaches or parents of camp members acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

AUTHORIZATION SIGNATURE _____

WAIVER OF LIABILITY AND DISCLAIMER I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that students, who volunteer their time, rather than paid professionals, primarily administer the programs of First Baptist Church. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in this program, I hereby release, discharge, and hold harmless First Baptist Church, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the First Baptist Church sponsored events, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

SIGNATURE OF PARENT /GUARDIAN _____ **Date** _____