



REGISTRATION FORM

STUDENT-ATHLETE: _____

ACTIVITY: 2021 Camp Hope Training Camp

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

DATE OF BIRTH _____ AGE _____ SHIRT SIZE _____

SCHOOL _____ GRADE _____

PARENT/GUARDIAN NAME _____

In Case of Emergency

NAME _____ PHONE _____

RELATIONSHIP _____

PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____

POLICY NUMBER _____

For Office Use Only

Fee _____ Shirt Size _____ Sweatshirt Size _____ Other _____





PERMISSION & WAIVER FORM

ACTIVITY: 2021 Camp Hope Training Camp

DATE: _____

FEE: \$5 per week or \$20 if paid up front (includes camp t-shirt if paid up front)

PARTICIPANT'S NAME: _____

I give my permission for my son or daughter, named above, to participate in the above named activity. Should emergency treatment be needed, I authorize an appointed representative of Gridiron Ministries to act on my behalf and approve appropriate treatment.

I understand the undersigned have legal custody of the participant named above, a minor, and have given my consent for him/her to attend events being organized by Gridiron Ministries. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release Gridiron Ministries, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Gridiron Ministries, I agree to hold such person free and harmless of any claims, demands, or suites for damages arising from the giving of such consent.

I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the participant named above.

I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the participant ministry staff member.

Signed (Participant): _____ **Date:** _____

Print (Parent/Guardian): _____

Signed (Parent/Guardian): _____ **Date:** _____

