



First Baptist Church

504 W. Wall Street, Harrisonville
Monday-Friday, July 21-25, 2008

One Session Only

Morning Session: 8:30 - 11:30 AM

Evening Session: 6:00 - 9:00 PM

The cost of the basketball camp is \$40, due at the time of enrollment, and includes a t-shirt, sports Bible, book certificate, and awards. Enrollment in the basketball camp is limited to the first 40 children who sign up for each session. Circle below which session your child will be attending morning or evening session (but not both sessions).

Morning Session: 8:30 - 11:30 a.m.

Evening Session: 6:00 - 9:00 p.m.

\$40 Paid: Cash Check **Date Paid:** _____

Health and Consent Form

Note to Parent/Guardian:

It is important that you complete the following Health Record. Your son/daughter must present it at the time of registration on site.

NAME OF ATHLETE: _____
(Last) (First) (Middle Initial)

ADDRESS: _____

(City) (State) (Zip)

Social Security # _____ Age _____ D.O.B. _____

1. Does the athlete have any known special needs or illnesses which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the athlete have any severe allergies or reactions to drugs or medications? If yes, please explain.
3. Is the athlete presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (Name of medications, dosage, etc.)
4. Indicate the date of last TTB (Tetanus, Dip/Tox, Booster shot)_____.
5. Are there any emotional/social disabilities that would be helpful for us to be aware of?
6. Is your son/ daughter living with both parents one parent guardian other
7. Who will pick the athlete up from camp?

Please read and sign the back of this form.

I, the undersigned parent/guardian, do hereby grant permission for my son/ daughter, named on the reverse side, to attend the Sports Crusaders camp. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the camp, I hereby authorize the camp staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the camp, and I hereby hold the camp staff an sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization(s) and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the camp. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the camp.

Signature of Parent/Guardian: _____ Date _____

Phone #: (day/evening) _____ / _____

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Emergency Contact:(1) _____ Relationship: _____ Phone: _____

(2) _____ Relationship: _____ Phone: _____

IMAGE RELEASE

I release to Sports Crusaders the right to use photographs taken of my child, PLEASE PRINT CLEARLY, during camp for promotional advertisements in the form of brochures, web pages, newsletters, bulletin boards, PowerPoint presentations, or videos, with the understanding that these photographs will be used in a respectful and decent manner.

Signature of Parent/Guardian _____ Date _____

I DO NOT release to Sports Crusaders the right to use photographs taken of my child during camp for promotional advertisements in the form of brochures, web pages, newsletters, bulletin boards, PowerPoint presentations, or videos.

Signature of Parent/Guardian _____ Date _____

RESERVE BUS TRANSPORTATION

- Reserve bus transportation for EVENING SESSION ONLY [Must reside inside Harrisonville limits.]
[Assumption of Risk Wavier Form required]

Pick up address if different from above: _____

Delivery address if different from above: _____

General Permission Form
First Baptist Church, Harrisonville, MO
Emergency Information and Hold Harmless Agreement

Participants Name: _____ Group leader: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____ Contact Name: _____

Release Form for Minor

The undersigned is the parent or legal guardian of the named above (Minor). The undersigned desires for said Minor to attend and/or participate in ministries, events, programs, functions, and activities (hereinafter referred to as "Activity") sponsored by, connected with, or related to the First Baptist Church of Harrisonville, Missouri. I understand and acknowledge that the church will not allow the Minor to participate in any church Activity without releasing and holding the church harmless from any liability arising out the Minor's attendance and/or participation in that Activity, including the Minor's transportation to and from the Activity, if provided by the church.

I have or will investigate all risks involved with the Minor's attendance and/or participation in that Activity, and further as the parent or legal guardian of said Minor assume any and all risks of personal or bodily injury to said Minor or property damages associated with said Activity.

By signing this document, on behalf of said Minor, I hereby release and forever discharge the Church, its officers, directors and employees, agents and any parties volunteering on behalf of the church from all claims, damages, costs or expenses of any kind arising out of or related to the Minor's attendance or participation in any church activity. I understand that this document is a full release complete release of all claims for personal or bodily injury and property damage which the Minor might sustain as the results of the Minor's attendance and/or participation in any church Activity, regardless of the specific cause thereof, and I further understand that in the event of such personal or bodily injury to the minor, or property damage, that I cannot seek, on behalf of the Minor or myself, any type of recovery or reimbursement whatsoever from the church or their officers, directors, employees, agents or any parties volunteering on behalf of the church.

Initials

Medical Treatment Authorization and Power of Attorney

In the event the Minor suffers an injury or condition during his or her participation in the Activity, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby appoint First Baptist Church staff and volunteer directors as my agent to act for me in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his or her personal care, medical treatment, hospitalization, and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me or my spouse.

Initials

By signing this you agree to each of the sections initials above.

Print full name or legal guardian

Signature

Date

Assumption of Risk Wavier Form
for High-Risk Church Activities
First Baptist Church of Harrisonville

This form shall be completed and returned to the church office prior to departure for the activity described below.

Name of child or teen: _____

Activity: **Sports Crusaders' Basketball Sports Camp**

Date of Planned Activity: **July 21 - 25, 2008**

1. High-Risk Activities Defined

A "high-risk" activity is defined as any church-sponsored event that has an unusual degree of risk for physical injury, death, or destruction of property. Examples of said activities include long trips outside of the Harrisonville and Kansas City metro areas using church vehicles, skiing, water events and sports, paint-ball, and rock climbing. Church staff shall determine in advance of an activity whether or not it constitutes a "high-risk" activity and provide this form to all children/youth to desire to participate in the activity.

2. Agreement to Assume all Risks of Participating in High-Risk Activities

The activity named above has been described to me in detail and I understand the nature of the activity and the risks associated therewith, including injury, death, or destruction of property. I hereby agree fully to assume any and all risks of my participation therein including bodily injury, death, or destruction of property.

3. Illness

In the event of illness or accident where I am unable to make medical decisions for my child/teen, I authorize a representatives of First Baptist Church to make emergency treatment decisions for my child/teen. I understand that every attempt will be made to contact me as soon as possible.

4. Release

In consideration for being permitted to participate in the activity named above, I hereby release and hold harmless the First Baptist Church of Harrisonville, its officers, agents (including, without limitation, those leading the activity named above) and employees from and against any and all liabilities, claims, damages, loss or expense and other charges of whatever nature attributable to bodily injury or death or destruction to property which may be incurred by, imposed on, or asserted by me on behalf of my child/teen's participation in the above-referenced activity.

Please read and sign the back of this form

I furthermore agree to resolve any claim or dispute arising from the above-referenced activity by using professional Christian mediation and, if necessary, by legally binding arbitration, in accordance with the *Rules of the Institute for Christian Conciliation*. I agree that judgment upon an arbitration award may be awarded in any court otherwise having jurisdiction. I understand that I may request a copy of the *Rules* from the church office at any time.

4. Separation

Should any clause, or any part thereof, contained in this release and permission agreement be invalid and/or unenforceable for any reason, such clause or part thereof, as the case may be, shall be construed to effect the nearest intent thereof and shall not affect the validity or enforceability of this agreement or of any other clause hereof.

Acknowledged and agreed:

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date