Chinese Baptist Church Basketball Summer Camp June 17, 24, July 1st and 8th Saturdays 2-4 PM

Location: CBC Fellowship Hall (FLC)

REGISTRATION FORM

PARTICIPANT INFORI	MATION	Please type or print legibly.	
Last Name:		First Na	ame:
Gender: 🗆 Female	🗆 Male	Age:	_ T-Shirt Size
School:			
Grade attended year	2016-2017:		
Home address:			
			Postal/Zip Code:
Telephone:		cel:	
Parent email:			
(Include area code w	vith telephon	ie)	
Mother's name:		Fathe	er's name:
Mother's day phone:		Father's day	/ phone:
Mother's cell:		Father's cell	l:
Person's Authorized (Please provide a	to pick up ch a copy of the	ild: ir ID)	
Other Dismissal Arra	ngements		
Emergency contact*		Relationship	p: Phone:

Contact Information For more information, contact Karina Blest, Camp Director at 832-882-0455

Chinese Baptist Church Basketball Summer Camp RELEASE AND WAIVER FORM

Parent or Guardian Information:

Names:		
Email Address:		
Emergency Phone: ()	Contact Name:	
Emergency Phone: ()	Contact Name:	
Participant's Name:		

RELEASE AND WAIVER

In consideration of my child being allowed to participate, by signing below I give consent for to participate in the Summer Basketball Camp to be held at Chinese my child, Baptist Church in 2017. I hereby certify that he / she is physically capable of participating and I realize that there are risks involved in participating in the camp. I understand that basketball is a contact sport and my child may suffer injuries as a result of participating in the Chinese Baptist Church Summer Basketball Camp, including personal injury, permanent disability, or death. Knowing and assuming all risks involved, known and unknown, and in consideration of my child being allowed to participate, by signing below, I, on my behalf and that of my child, our heirs, administrators, executors or assigns, to the fullest extent permitted by Texas law, release and agree to hold harmless Chinese Baptist Church, and all persons or entities associated with Chinese Baptist Church and Chinese Baptist Church Summer Basketball Camp ("CBC") from any negligence, responsibility and/or liability for any and all claims, demands, damages, costs, causes of action, and expenses arising out of or resulting from my child's participation in and involvement with this camp and program, including personal injury, disability, or property damage that may be incurred throughout the duration of this camp. This Release and Waiver shall be effective notwithstanding any partial or full negligence on the part of CBC.

In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted.

After reading this release, I fully understand and accept all conditions as outlined for permitting my child to participate in this summer league.

Signature of Player _	Date
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Signature of Parent/Guardian ______Date _____