

2018 Sports Camp Registration Form

Cost: \$20 for one child, \$25 for two children, \$30 for three or more

****This applies to siblings or children under the same household only****



Sport Options Age 5: Team 5 Completed K-5: Soccer, Ultimate Frisbee, Cheer, Hip Hop, and Basketball

Child's First & Last Name	Sport Choice (chose from above your 1 st & 2 nd choice)	Age	Grade Completed	T-Shirt (circle one)	Medical Needs, Food allergies, Diabetes, Asthma, etc. (use back for additional space)	Permission to Photograph**
				Y: S M L A: S M L XL		Yes No
				Y: S M L A: S M L XL		Yes No
				Y: S M L A: S M L XL		Yes No
				Y: S M L A: S M L XL		Yes No

**I grant permission for the use of any photo or likeness of my child to be used by UW Sports Ministry and/or Lifepath Church for their use in promotional materials (may include website, video, social media, etc.).

Parent/Guardian Name _____

Address _____

City _____ **State** _____ **Zip** _____

Cell Phone _____ **Work Phone** _____ **Email** _____

How did you hear about our camp? Website _____ School _____ Church Sign _____ Other _____

Who may pick up your child at the end of each day? (Name, Relation & Phone Number)

1. _____ 2. _____

(Children can only be released to those 18 and older and a photo ID must be presented at time of pickup.)

Do you have a home church that you attend? YES or NO **What is the name of your home church?** _____

Medical and Liability Release

In consideration of (PRINT NAMES OF ALL CHILDREN) _____, my minor child(ren) or legal ward (my "child(ren)"), being allowed to participate in the UW Sports Ministry/Lifepath Church VBS Sports Camp, and related events and activities, the undersigned hereby acknowledges and agrees as follows:

- The activities of this program may have significant risk of injury, including potential permanent paralysis and death. Rules, equipment and personal discipline are designed to reduce the risk. However, there is always a risk of serious injury.
- I will instruct my child(ren) to comply with the rules governing participation in this program. If I have any concern about my child(ren)'s ability to participate in the program, or about the program itself, I will remove my child(ren) from participation and immediately inform the nearest program official of my concern.
- I, for myself and my child(ren), and for all heirs, assigns, personal representatives, and next of kin of myself and/or my child(ren), HEREBY RELEASE UW Sports Ministry/ Lifepath Church, their officers, officials, agents, volunteers and employees, the camp staff and volunteers, other program participants, sponsors, and sponsoring agencies of the program, and owners and lessors of any premises used to conduct the program ("RELEASEES") FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF THE PARTICIPATION OF THE MINOR IN THE PROGRAM TO THE FULLEST EXTENT PERMITTED BY LAW.
- I HEREBY ASSUME ALL RISKS OF INJURY, known and unknown, to my child(ren) arising from participation in the program, AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION OF MY CHILD(REN).
- I, for myself and for my child(ren), and for all of the heirs, assigns, personal representatives, and next of kin of the Minor, HEREBY INDEMNIFY AND HOLD FREE AND HARMLESS THE RELEASEES FROM ALL LIABILITIES, LOSS, DAMAGE, COSTS AND ALL OTHER CLAIMS FOR EXPENSES ASSERTED AGAINST THE RELEASEES WHICH MAY ARISE FROM INJURIES TO PERSONS (I.E. MINOR CHILD(REN)) OR PROPERTY OCCASIONED BY ATTENDANCE

AT OR PARTICIPATION IN THIS CAMP; EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW. I authorize UW Sports Ministry or Lifepath Church to consent to Medical Treatment. No prior determination of life-threatening emergency or danger of serious and/or permanent injury resulting from delay of treatment need be made under this authorization. I have also noted below or attached in written form any health or medical problems with my child(ren). I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

Signature of _____ **Name** _____ **Date** _____
Parent/Guardian _____ **(please print)** _____

- To participate this form must be completed and returned with full payment by Thursday, May 31st. Return to Lifepath Church **in person** at 17703 W. Little York Road, Houston, 77084 **OR by mail (same address)**
- Make payment to Lifepath Church by check (please put your children's names in the memo section) or cash.
- Contact us: 281.855.0222ext 305 **OR** email jmartinez@lifepathhouston.com