



Evangelical Covenant Church  
**MEGA SPORTS  
CAMP 2019**

**Sunday - Thursday, July 14 - 18, 2019**  
**6:00-8:30 p.m.**  
**Kindergarten-5th grade**

**Registration Form—***Please submit one form per child.*

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

*\*\*Children entering Young Fives or Kindergarten and those who have completed Kindergarten will be enrolled in our SPORTS BASICS CLINIC.\*\**  
 SPORTS BASICS CLINIC

*\*\*1ST—5TH GRADES: Select the activity below that you would like to participate in for the week. Choose only one.*

- Flag Football  
*(bring a football labeled with your name)*
- Basketball  
*(bring a basketball labeled with your name)*
- Soccer  
*(bring a soccer ball and shin guards labeled with your name)*
- Cheerleading  
*(wear comfortable shoes)*
- Cooking

Allergies/other medical conditions: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\*Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL RELEASE FORM ON BACK—MUST BE SIGNED!** 

**Mega Sports Camp Participant  
Waiver & Release of Liability**

- I, the parent/guardian, have considered and evaluated the risks, danger and possibility of injury to my child resulting from participation in Mega Sports Camp.
  - I understand reasonable safety precautions will be taken by Evangelical Covenant Church of Whitehall (ECC), the church's employees or volunteers and/or any other person involved in Mega Sports Camp. I understand the possibility of unforeseen hazard/injury from foreseeable and unforeseeable sources that could occur to my child.
  - I knowingly assume all costs, risks of injury and/or other damages resulting from my child's participation in Mega Sports Camp.
  - In the event of an injury to my child during Mega Sports Camp, I give permission to ECC staff or volunteers to arrange for all necessary medical treatment for which I shall be financially responsible. I give ECC power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances. I further understand that every effort will be made to contact me or those listed as emergency contact persons in the event of an emergency.
  - I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction, including internet use in which my child may appear by ECC and approved staff and volunteer workers taken during an outing/event approved by ECC. I understand that these materials are being used for promotion of the ministry of ECC.
- Please do not use my child's image in any promotional materials.

**I have read, understand and agree with this waiver.**

**Name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Child** \_\_\_\_\_

**Sport child will be playing** \_\_\_\_\_

Questions? Contact Melissa Chappell @ 220-0311  
or Terri Means @ 894-4271 or 894-6531.