

Primary Business Address
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MARANATHA CHURCH
SUMMER SPORTS & MENTORING CAMP

2013 REGISTRATION & RELEASE WAIVER

PARTICIPANT'S NAME _____ GENDER: M ___ F ___
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ SCHOOL _____ GRADE _____
TEAM NAME _____ COACH _____

CAMP PARTICIPANT

I understand that if I participate in the Maranatha Summer Camp Program that there is a risk of injury. I wish to participate in camp activities, games, and outings conducted and participated by Maranatha Church Community Youth Outreach Program. As in any other camp activities, games or outings twisted or broken ankles, other broken bones such as wrists, arms, legs or ribs and head, neck and spinal injuries all of which may cause severe and permanent pain and even in some cases death. I have read the above and recognize the danger any camp activities, games or outings conducted or participated by Maranatha Church Community Youth Outreach. Further, I waive and release, Maranatha Church of God summer camp sponsors, its owners, managers, members, employees, independent contractors, basketball officials, supervisors, invitees and any other person or entity associated with Maranatha Church including church sponsors, workers, volunteers, employees, and helpers, (collectively all of the above will be through my participation in camp activities, games and outings conducted by Maranatha Church and Summer Camp Associates.

SIGNATURE _____ DATE _____

PARENT OR LEGAL GUARDIAN

As the Parent or legal Guardian of the designated Athlete and Participant, I represent and warrant Maranatha Church of God that I am authorized to execute this Release and Waiver, I further acknowledge, understand and agree that by allowing my child to participate in any camp activities, games, or outings/ field trips conducted by Maranatha Church and Camp Associates, that there are risks of injury, including but not limited to those risks listed in the "Camp Participant" section above. I hereby grant permission for my child, who may be under the age of 18, to participate in camp activities, games outing/field trips, and tournaments conducted by Maranatha Church and camp Associates during the 2013 Summer Camp season.

I understand Maranatha Church and their sponsor, workers or helpers will not be held responsible for any fighting, accidents en-route to or from any camp activities, games, outings/ field trips or tournaments or any other youth activities. Picking up or dropping off my child/children. I further understand they will not be held responsible for any unlawful activities, lost or stolen personal items, or for unwarranted action of others.

NOTICE OF POTENTIAL INJURY

I agree for myself, my child, my spouse, legal guardian or any other person legally responsible for the camp participant that we release and waive any and all claims that we may have now or may have in the future against Maranatha Church Camp Sponsors and Associates that directly or indirectly relates to our child's participation in camp activities, games outings/field trips and tournaments during the 2013 Summer Camp season. Further, I understand and agree that Maranatha Church Camp Sponsors, and Associates are not responsible for payment for any injuries or medical services resulting from accidents or injuries that my athlete or child may incur during any of the 2013 Summer Camp activities, games, outings or field trips.

I further agree to indemnify and hold harmless Maranatha Church, Sponsor, Tournament Sponsor and Associates from any and all claims, liabilities, contingent or other wise, arising out of or relating to the participation of my Child or Athlete in any games, practices, and tournaments, outings/field trips conducted by or participated by Maranatha Church of God and Maranatha Church Community Youth Outreach, its sponsors, Tournament Sponsors and Tournament Associates.

In case of emergency. Do you the parent/ guardian want the coaches or tournament director to authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician for Yes:___ No: ___

_____ (participant's full name) if I cannot be reached in case of an emergency. I hereby grant permission to Maranatha Church of God, Coaches & Tournament sponsors to have my son/daughter treated by a physician if necessary. Both Participant and Parent/Guardian acknowledge that he/she is physically able according to our physician to participate, and I acknowledge that I am responsible for any and all medical expenses due to my child's illness or injury.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

PARENT/LEGAL GUARDIAN'S EMERGENCY CONTACT INFORMATION

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

PARENT AUTHORIZATION FOR SCHOOLS

1. Maranatha's Youth Director and Coach has permission to check on my child's school progress. I authorize the school to release any progress reports, school schedules and report card information.
2. Maranatha's Youth Director and Coach has permission to talk to school teachers and administrators about student progress, in and out of school behavior.
3. Maranatha's Youth Director and Coach has permission to visit my child/children daily or weekly.
4. Maranatha's Youth Director and Coach has permission to represent my child/children in any school hearing by my request.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

ATHLETE PARTICIPANT'S SIGNATURE _____ DATE _____

Maranatha Youth Outreach Program. Director/ Coach Jeffrey D. Fields I. Office: 503-288-7241, Home: 503-240-6082, Cell: 503-421-6030