



**Calvary Bible Church Sports Camps and Activities  
Student Registration Form**

**Please print, fill out, and bring to first day of activity.**

**Participant Information:**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female **Grade completed:** \_\_\_\_\_ **T-shirt size:** YS YM YL AS AM AL AXL

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Medical/Insurance Information:**

**Medical Concerns:** \_\_\_\_\_

**Allergies/Allergic Reactions:**  Bee Stings  Peanuts  Other: \_\_\_\_\_

**Insurance Company and Policy Number:** \_\_\_\_\_

**Parent/Guardian Information:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Office Use Only:**

**Completed:**  Participant Form  Release Form  Fee Paid to CBC (if applicable)



*Pursuing God and Advancing His Kingdom*

## Calvary Bible Church Medical Care and Liability Release

Student Name: \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Place initials beside each statement and then sign and date at the bottom of the form.

\_\_\_\_\_ I hereby grant permission for my child to participate in any and all activities sponsored by **Calvary Bible Church of Mount Joy** and to attend various social, educational, and physical activities sponsored by said church as a part of its ministry, whether on or off the church premises. I hereby waive, release, and hold harmless **Calvary Bible Church**, its staff, administrators, teachers, supervisors, volunteers and persons transporting my child to and from activities, and other participants, from any claim arising out of an injury or sickness to my child.

\_\_\_\_\_ In case of emergency, I hereby give permission to the physician selected by the staff member in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named on this form. I certify that my child is in good physical condition and is able to participate in the entire program and will not hold Calvary Bible Church responsible for any injuries.

I have read and agree to the statement above.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name