



# REGISTRATION FORM

**JUNE 23-25, 2008 \*\* 9:00am - 3:00pm**

Please print clearly with blue or black ink. Please complete a separate form for each child.

<b>Name:</b>		<b>Age (as of 8/31/08):</b>	<b>Grade Completed (07/08 school year):</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Which camp:</b> <input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading	<b>Date of Birth:</b>	<b>T-shirt size (check one):</b> <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
<b>Parent/Guardian Name(s):</b>			
<b>Address:</b>			
<b>City, State, Zip</b>			
<b>Home Phone:</b>	<b>Email Address:</b>		<b>Send my confirmation to my:</b> <input type="checkbox"/> Home <input type="checkbox"/> Email
<b>Parent/Guardian Cell Phone:</b>		<b>Work Phone:</b>	
<b>In case of emergency, and I cannot be reached, please contact (provide names and phone numbers):</b>			
<b>Please list any allergies (food, etc.), prescriptions that your child is currently taking, surgeries in the past 12 months, and/or any other special conditions that we should be made aware of:</b>			
<b>Are you currently a member of any church? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> <b>Is yes, where:</b>			
<b>Please list the name of 2 friends your child would enjoy being in a group with:</b>			

\*\*\* We will do our best to place your child with at least ONE friend \*\*\*

<b>How did you hear about Summer Camp?</b>	
<input type="checkbox"/> Church	<input type="checkbox"/> School/PTA Newsletter
<input type="checkbox"/> Community Impact Magazine	<input type="checkbox"/> Friend

### ADDITIONAL MEDICAL PERMISSION & RELEASE INFORMATION

<b>Child's Social Security #:</b>	<b>Date of Last Tetanus Shot:</b>
<b>Medical Insurance Provider:</b>	<b>Phone:</b>
<b>Physician/Pediatrician:</b>	<b>Policy #:</b>
	<b>Phone:</b>

EMERGENCY AUTHORIZATION - I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. I also accept full financial responsibility for any and all medical expenses which are incurred with such emergency treatment. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION - I, the parent of guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Hillcrest Baptist Church are primarily administered by parents, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Hillcrest Baptist Church and its employees, volunteers, and other representatives or affiliates (including without limitation the organizations participating through the church, sponsors, game or event workers, officials, facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Hillcrest Baptist church sponsored event, including any physical injury by negligence of any official, referee, or coach while performing his/her duties during any practices or games. I attest that my child is physically capable to participate in this event. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider of the direction of the event or game officials, sponsors, representatives and/or volunteers. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any game, practice or participation in any Hillcrest Baptist Church sponsored event.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this registration form (signed in the above two places) and \$20 camp fee\* to:**  
**Hillcrest Baptist Church**  
**3838 Steck Avenue**  
**Austin, TX 78759**

\* You may pay this registration fee on-line at [www.HillcrestAustin.org](http://www.HillcrestAustin.org). If paying on-line, please attach a copy of the receipt received from the PayPal transaction with your completed registration form.