2022 Sports Camp Registration

Gloucester Point Baptist Church 7741 Terrapin Cove Road Gloucester Point, VA 23062 (804)642-2555

Sports Camp Dates: _____ Time: ____ Location: ____ Please complete one form per child. **Student Information** Child's Name: Grade Completed: _____ Date of Birth: ____ Age: ____ Food Allergies/Other Allergies: **Medical Information** Medical Concerns/Limitations/Special Needs, etc.: Family Doctor's Phone Number: _____ **Parent/Guardian Information** Parent's/Guardian's Name(s): Home Address: Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number(s): Email: ______ Church Affiliation: _____ Name of Home Church: _____

Emergency Contact Information 1. Name: _____ Relation to Student: Number(s) where contact may be reached: ______ 2. Name: Relation to Student: _____ Number where contact may be reached: **Siblings Attending Sports Camp** 1. Name: ______ Age: _____ 2. Name: _____ Age: _____ 3. Name: _____ Age: _____ 4. Name: _____ Age: _____ Friends/Relatives at Sports Camp 1. Name: Volunteer Position, if applicable: ______ Volunteer Position, if applicable: ______ **Pickup Information** Who may pick up my child(ren) other than the named parent(s)/guardian(s)? Name: _____ Relationship to child(ren): _____ Name: _____ Relationship to child(ren): _____ Media Release Sports Camp leaders and staff have permission to photograph/video/record the minor(s) listed above for any lawful purpose associated with Sports Camp. Check one: Yes _____ No ____ Parent Signature: _____ Date: _____

Thank you for giving us the opportunity to teach your child(ren) more about God and sports, and thank you also for giving them the opportunity to have fun playing while they learn!