REGISTRATION, MEDICAL & PHOTO

Personal Information

Camper Name: _____ Sex: M ❑ F ❑
Age: _____ Birthday: _____
Present School:_____
Recent Team: _____
How did you hear about camp? _____
Address: _____ City: _____
Province: _____ PC: _____
Parent/Guardian: _____
Phone 1: _____ Phone 2: _____
Email:_____

Would you like to receive emails about future events of Athletes in Action or of our partner:
Yes ❑ No ❑

Camp Information

Sport: _____
Camp Name: _____
Camp Date(s): _____
Camp Location: _____
T-shirt size: YS ❑ YM❑ YL ❑ YXL ❑ AS ❑ AM ❑ AL ❑
Pick up authorization(s)
1) _____
2) _____
3) _____

Payment Information

Total Cost: _____
Amount Enclosed: _____
Remaining Balance: _____
Payment Method: Visa ❑ MasterCard ❑ Cheque ❑ Cash ❑
Card Number: _____
Card Holder's Name: _____
Expiry Date: _____
Signature: _____

Emergency Information

Medical Insurance #: _____

Emergency contacts: 1) _____ 2) _____

Emergency contact #s: 1) _____ 2) _____

Medical Alert

Have you ever had or do you currently have? (Choose all that apply)

❑ Seizures ❑ Asthma ❑ Fainting Spells

❑ Heart Problems ❑ Neck/Back Problems ❑ Nose Bleeds

Have you had any of the following in the last year? (Choose all that apply)

❑ Head Injury ❑ Overuse Injury/Sprains

❑ Major Surgery ❑ Fractures/Breaks

Please list any allergies that you may have: _____

_____

_____

Please list any medications currently being used: _____

_____

_____

List any other health problems/important information that could jeopardize camp safety: _____

_____

_____

Protecting Your Personal Information

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by the staff and volunteers of Athletes in Action and partnering organizations and will be kept in a secure place. Please contact Athletes in Action or our church for complete privacy policies.

Medical/Video/Still photography Authorization

I hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to make any and all decisions regarding the emergency treatment of my child. Yes ❑ No ❑

I hereby authorize the staff and volunteers of the Athletes in Action and their partnering organizations to take video and still photos of my child during camp. These videos and still pictures will be used on AIA's website and marketing materials as well as YouTube and Facebook promotions. I understand they retain the sole right to use photos and video for publicity and advertising purposes. Yes ❑ No ❑

I, _____, (parent/guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with Athletes in Action from any and all claims, demands, actions, and causes of action, that I/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: _____