

Dear Parent/Guardian:

The Sports Camp staff at Clearview Church ask that you read the **Sports Camp Rules** for yourself and to your child. We want your child to have the best experience at Clearview's Sports Camp this summer. We also ask that you and your child (over 5 years old) sign below stating that you understand the rules and will abide by them.

Thank you for letting us be a part of your child's life!

Clearview Sports Camp Staff

I have read and understood the Sports Camp Rules, and I will abide by the rules.

Parent's signature

Date

Child's signature (over 5 years old)

Date



Sports Camp Rules

1. Respect and obey your leaders and staff members.
2. Take part in all Sports Camp activities.
3. Remain with your leader at all times during Sports Camp. If you need to leave early, your club Leader/Director must know when you leave and sign you out, per a note from your parent/guardian.
4. Parents must sign camper IN when they arrive & OUT before they leave!
5. If you disobey the rules, we will enforce 1-2-3 count:
 - 1-Count: Verbal Warning
 - 2-count: verbal Warning from Sports Camp Director
 - 3-count: Parent/Guardian will be called immediately. You will be sent home. You may not return to Sports Camp until your parent/guardian has assured the Sports Camp director that you will behave!
6. For fun and for your safety, you must wear tennis shoes.

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Complete lower portion of this form, cut off and submit with registration forms.

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Clearview Church
Summer Sports Camp Registration Form

Camper's Name _____(circle) Male Female
Address _____
City _____ State _____ Zip _____
Grade just completing/completed _____ Birth Date _____ Age _____
Parent's Names _____
Cell Phone(s) _____
Home Phone _____
Email(s) _____
Church You Attend _____

Emergency Contact: Name _____

Emergency Contact: Phone(s) _____

Special Concerns or Instructions: _____

Brought By: _____

Parent's Signature _____

Date: _____



Medical Release
Sports Camp Year 2023

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his\her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____

This release will be in effect for the Sports Camp Summer of 2023

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company to be billed for any and all medical fees and services should they be needed and to release Awana Clubs International, its employees, and its charters from this liability.

Signature (parent/guardian)

Date Signed

Address _____

City _____ State ____

Ph: (____) _____-

Ph: (____) _____-

Family Doctor: _____ Ph: (____) _____-

Insurance Co.: _____ Policy #: _____

Specific medical allergies, chronic illnesses or other conditions: _____

Date of last tetanus shot: _____

Emergency Contact: _____ Ph: (____) _____-

Relation to camper: _____