



2024 Registration

June 10-13

Ages: (going into) K-6th grade

Cost \$35

9:30-11:30 am

Child's Name: _____ M F Age____

(If you registered online please skip to the **asterisk to complete the registration process)

T-Shirt Size: Youth S YM YL YXL Adult S AM AL Grade (24-25 school year)_____

Known Allergies or Concerns: _____

Child's Name: _____ M F Age____

T-Shirt Size: Youth S YM YL YXL Adult S AM AL Grade (24-25 school year)_____

Known Allergies or Concerns: _____

Child's Name: _____ M F Age____

T-Shirt Size: Youth S YM YL YXL Adult S AM AL Grade (24-25 school year)_____

Known Allergies or Concerns: _____

Child's Name: _____ M F Age____

T-Shirt Size: Youth S YM YL YXL Adult S AM AL Grade (24-25 school year)_____

Known Allergies or Concerns: _____

Address _____

City _____ State _____ Zip _____

**PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

E-mail (for sports camp info) _____

Medical Insurance Co: _____

Policy Holder: _____ Policy #: _____

1st contact in case of emergency: mother father

Please list the name of an emergency contact in case neither can be reached:

Name _____ Phone Number _____

PLEASE COMPLETE THE CONSENT FORMS ON THE REVERSE SIDE

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

By my signature, I _____ the parent or guardian of (list children's names) _____, grant my permission for him/her to participate fully in the sports event sponsored by Deerbrook Covenant Church. I fully understand that my signature carries with it the following:

- 1) I give permission for approved children's/youth ministry staff and volunteers from Deerbrook Covenant Church to obtain any medical attention and/or treatment, which in their opinion is necessary for my child.
- 2) I knowingly release, absolve, indemnify and hold harmless any approved children's/ youth ministry staff and volunteers and Deerbrook Covenant Church from all claims that might result from any injury or death of any minor or in the administering of or lack of medical treatment.
- 3) Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs and be solely responsible for said treatment and the cost thereof.

Signature of parent or Legal Guardian

Date Signed

**Media Authorization of a Minor
Release Form**

The undersigned, being the parent or legal guardian of the minors listed below, does hereby authorize the staff members, agents, and employees of Deerbrook Covenant Church to photograph or film said minors to use and display any said media in publications, multimedia productions, displays, advertisements or internet publication related to the promotion of Deerbrook Covenant Church or in the promotion of any activities supported by Deerbrook Covenant Church.

The undersigned releases and forever discharges Deerbrook Covenant Church and its staff members, agents, and employees from any and all claims and demands arising out of or in connection with, the use of these photographs or media including but not limited to, any claims for invasion of privacy or defamation. I acknowledge that since participation in publications and websites produced by Deerbrook Covenant Church is voluntary, I will not receive financial compensation.

Please list all minor children participating below:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Date

