

**First Baptist Church
Sports Camp Registration
Volleyball**

Name of Child _____
Age _____ Birthdate _____
School _____ Grade _____

Family Information:

Father's Name _____ Daytime Phone _____
Address _____ City _____ State/Zip _____
Where employed _____ Phone _____
Mother's Name _____ Daytime Phone _____
Address _____ City _____ State/Zip _____
Where employed _____ Phone _____

Other emergency contacts:

Name _____ Phone _____

Information about your child:

Any allergies? _____
Any medical conditions? _____

Emergency Care information:

Name of child's Doctor _____ Phone _____
Hospital Preference _____

I agree to allow First Baptist Church to seek emergency medical care in the event that I cannot be reached.

Signature of parent _____ Date _____

The undersigned agrees to indemnify and hold harmless First Baptist Church of Sanford, NC, a NC nonprofit corporation (Church) from any loss, damages, or liability of any kind, including property damage, attorneys' fee, personal injury or death to the undersigned or student, arising out of use of the Church's facilities or premises. The undersigned further agrees that the undersigned policy of insurance shall insure against any losses, damages, or liability as described above, and not any insurance coverage provided by the Church, and the undersigned agrees that such insurance shall be in full force and effect at the time of use of the Church's facilities.

Date _____ Signature of parent _____

Date accepted _____ Supervisor's Signature _____