



### SOCCKER CAMP 2017 REGISTRATION & CONSENT FORM

#### CAMPER INFORMATION

Camper Name: \_\_\_\_\_ Sex: M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Birthday: \_\_\_\_\_ (mm/dd/yy) Age: \_\_\_\_\_ Grade next Fall: \_\_\_\_\_

CareCard #: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (primary) #: \_\_\_\_\_ Phone (secondary) #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

T-shirt Size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

#### MEDICAL ALERT

Has the camper ever had or currently have? (Choose all that apply)

- Seizures  Neck Problems  Back Problems  Fainting Spells  Heart Problems  Nose Bleeds  Asthma

Has the camper had any of the following in the last year? (Choose all that apply)

- Head Injury  Major Surgery  Overuse Injury  Fractures

Please list any allergies the camper may have: \_\_\_\_\_

\_\_\_\_\_

Please list any medications currently being used: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

#### PAYMENT INFORMATION

Total cost: \$120.00

Amount Enclosed: \_\_\_\_\_

I am paying by: Cheque  Cash

Please make cheques payable to Tsawwassen Alliance Church

### 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 our camp staff and will be kept in a secure place. Please contact our church for our complete privacy policy.

### MEDICAL, VIDEO & PHOTOGRAPHY AUTHORIZATION

I hereby authorize the staff and volunteers of the Soccer Camp Program to make any and all decisions regarding the emergency treatment of my child. I also hereby authorize the staff of Athletes in Action and Tsawwassen Alliance Church to take video and still photos of my child during camp. These videos and still pictures will be used on AIA's and TAC'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.

I \_\_\_\_\_ (Parent/Guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with this camp 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: \_\_\_\_\_

Date signed: \_\_\_\_\_ (mm/dd/yy)

In partnership with



