

FCA GOLDEN ISLES CLASSIC BASKETBALL CAMP  
REGISTRATION, RELEASE, & WAIVER

Sponsored by First Baptist Church, Brunswick & Fellowship of Christian Athletes

**REGISTRATION**

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_ T-SHIRT SIZE (C L, Adult S, M, L, XL, or XXL) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_

PARENT(S)/GUARDIAN NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE (W) \_\_\_\_\_

PHONE (C) \_\_\_\_\_

**UNLEASH THE POWER**  
Strengthen your Core.  
Colossians 1:11

**EMERGENCY CONTACT INFORMATION:**  
*(In the event that emergency contact cannot be made with the parent(s)/guardian listed above, please provide an additional emergency contact).*

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE (H) \_\_\_\_\_

PHONE (W) \_\_\_\_\_

PHONE (C) \_\_\_\_\_

<b>Family Physician:</b> _____ <b>Physician's Phone:</b> _____ <b>Allergies:</b> _____ <b>Medications:</b> _____ _____
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I certify that my child is physically fit for all basketball camp activities and grant permission in case of injury, accident, or illness that he/she may be treated by a licensed physician. I realize that I am responsible for any and all medical or other charges incurred in connection with my child's participation in the camp. Furthermore, I release First Baptist Church, Fellowship of Christian Athletes, its officers, agents, directors, volunteers, and all associated with the FCA Golden Isles Classic Basketball Camp from any and all liability for personal injury arising out of the applicant's participation in the camp.

\_\_\_\_\_  
PARENT SIGNATURE & DATE



# RELEASE & WAIVER

## **AGREEMENT & RELEASE OF LIABILITY:**

By signing this agreement, we certify that we are the parents or other legal guardians of the individual whom we are registering for the **FCA Golden Isles Classic Basketball Camp**, and that there are no other parents or legal guardians for this child.

\_\_\_\_\_ (Camper Initials)

\_\_\_\_\_ (Parent Initials)

## **AGREEMENT TO FOLLOW RULES & REGULATIONS:**

We agree at all times to abide by all of the program rules established by **First Baptist Church, Brunswick (hereinafter referred to as FBC)** and **Fellowship of Christian Athletes (hereinafter referred to FCA)** for the **FCA Golden Isles Classic Basketball Camp**, and to ensure that our child complies with those rules. We understand and acknowledge that if we or our child fail to abide by such rules at any time our child may be immediately removed from the Camp.

\_\_\_\_\_ (Camper Initials)

\_\_\_\_\_ (Parent Initials)

## **RELEASE & WAIVER OF LIABILITY:**

In consideration for FBC and FCA permitting our child to participate in the FCA Golden Isles Classic Basketball Camp, we hereby agree as follows:

1. We agree that FBC and FCA, its officers, employees, volunteers, and agents, shall not be liable for any injury to the person or property of our child arising out of or related to our child's presence on the premises of FBC, Brunswick High School (hereinafter referred to as BHS), or Glynn Academy (hereinafter referred to as GA), his or her participation in any aspect of the FCA Golden Isles Classic Basketball Camp, or occurring while our child is under the care, supervision or responsibility of any FBC or FCA officer, employee, volunteer, or agent.
2. We hereby agree to defend, indemnify, and hold harmless FBC, FCA, BHS, Glynn County Board of Education, GA, its officers, agents, volunteers, and employees, from and against any claims, demands, actions, losses, or cause of action whatsoever arising out of or related to any injury to person or damage to property of our child while our child is on the premises of FBC, BHS, and GA, participating in any aspect of the FCA Golden Isles Classic Basketball Camp, and/or under the care, supervision, and/or responsibility of any FBC or FCA officer, employee, volunteer, or agent, whether such claim, demand, action, loss, or cause of action results from an act or omission, including the negligent acts or omissions, of FBC or FCA, its officers, employees, volunteers, or agents, or from some other cause, whether foreseeable or unforeseeable.

\_\_\_\_\_ (Camper Initials)

\_\_\_\_\_ (Parent Initials)

## **CONSENT TO MEDICAL TREATMENT:**

In the event that FBC or FCA, in its sole discretion, determines that there is or may be a medical emergency requiring immediate medical treatment for my child, we hereby authorize any officer, employee, volunteer, or agent of FBC or FCA to secure and consent to the transportation and/or treatment of our child, \_\_\_\_\_, by any licensed ambulance, physician, hospital, or other medical personnel, and we agree that we shall be financially responsible for payment of any and all such medical transportation and/or treatment.

## **CONSENT TO PHOTOGRAPH:**

I give FBC and FCA permission to photograph (still photograph, audio recording, motion picture footage) my minor camper and use such photographs in all media forms, for any and all promotional purposes including advertising, publicity, display, audiovisual, exhibition, commercial or editorial use.

\_\_\_\_\_ (Camper Initials)

\_\_\_\_\_ (Parent Initials)

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Relationship to Child

Subscribed and Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

NOTARY PUBLIC: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_