

Basketball Camp Registration

Please Register in Advance

JULY 27-30, 2009

Monday - Thursday

8:00 a.m. - 12:30 p.m.



Name: _____ DOB: _____

Grade for 2009/2010 School Year _____

Address: _____

Phone: _____

Parent/Guardian Names: _____

Emergency Phone: _____

Emergency Contacts:

1. _____ (relationship & phone number)

2. _____ (relationship & phone number)

Gender: Male Female
(please circle one)

Medications/Medical Conditions: _____

Allergies:

Shirt Size: _____

Church Membership (please circle one): Yes No

Authorization for Treatment/Release of Claims

I, the undersigned, understand that the sponsors of this came are undertaking this camp for a charitable or religious purpose as opposed to profitable purposes.

I, the undersigned, do on behalf of my child under 18 years of age, give permission for an attending physician or hospital to administer medical care if deemed necessary by the leader of the basketball camp, Heather O'Shields, and the physician or hospital staff during camp.

I, the undersigned, understand that my child will be engaging in a basketball camp and sports related activities in which injuries can and do occur. The undersigned holds EFBC, its directors, counselors, staff , etc... harmless from any and all liability as a result of my child suffering any injury during the camp. I do on behalf of my child under 18 years of age, hereby release from all claims, demands, causes of action, actions, suits of any kind and nature whatsoever forever hold harmless the directors of camp, staff and church members of First Baptist Church of Easley, the Easley Recreation Department, the Piedmont Baptist Association, the City of Pickens, the City of Easley, and the Pickens Youth Athletic Corporation as well as the Pickens County YMCA from any claims and demands for personal injury, sickness, etc..., as well as property damage and expenses, of any nature incurred by my child under 18 years of age. I assume personal responsibility for any loss of property incurred by my child under 18 years of age during the basketball camp. I also assume personal responsibility for all medical bills for my child under the age of 18. Further, should it be necessary for my child to return home due to disciplinary action, for medical reasons, or otherwise, I shall assume responsibility for immediately picking up my child from camp.

I have authority from the child's other parent or necessary court to sign this authorization and release.

Parent/Guardian _____ Date _____

Participant Name _____ Date _____

Please print out and complete BOTH forms and mail to:

First Baptist Church
Attn: Basketball Camp Registration
300 East First Avenue
Easley SC 29640

Basketball Camp Information

July 27 - 30, 2009

8:00AM-12:30 PM

The gym will be open at 7:45 AM.
Camp Director: Heather O'Shields

The camp is free!
Age Group: Rising 3rd-8th Graders

Lunch will be provided.

For more information, call the church office @ 859-4052.