Grace Bible Church High Power Soccer Registration Form PO Box 631 – Mountain City, GA – 706-746-5823 July 24-28, 2017 – Ages 5-12 years old

Please see deadline for special registration rate below

Child's name:		
Parent/Guardian primary phone:	Secondary	phone:
Mailing address:		
Email address:		
Child's birth date:	Gender:	
Child's T-shirt size:		
Church your family attends (if any	y):	
In case of emergency (when the pa	arent/guardian cannot be reached)	the church should contact:
Name:		
Telephone:		
Relationship to child:		
	or other special conditions the High	
	xing up this child at the end of the o	
	Work:	
June 27th, the camp fee is \$55. Co soccer ball, T-shirt, and camp brac form (attached) to the church add	f \$45 (\$10 less for each additional s ost covers soccer training and daily celet. Return the fee along with this lress by June 27, 2016 to ensure th	y snacks and includes a camper s form <u>and</u> the medical release is special rate.
-		
I am requesting a scholarship fo	r my child:	
FULL PARTIAL	(And you can pay):	- 🖓 🐼
Signed:		
Approved by:	Date:	
	HENRE	

Activity Permission and Medical Release Form 2016/2017

Sponsor: Grace Bib	le Church		
Name of Minor: _			
Age:	_		
Address:			
Name of Parent or	Guardian:		
Address:			
Home phone:		Cell phone:	
Emergency contact	s other than the parents	s or guardian:	
1. Name	Work #	Home #	
2. Name	Work#	Home#	

Permission and Release: I give permission for my child to participate in **Grace Bible Church Activities**. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled be mediation and, if necessary, legally binding arbitration.

Medical Release: In the event that my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family physician:	Work phone
r annry physician.	

Home

dical insurance company

Pertinent medical information (diabetes, allergies, etc.)

Grace Bible Church Awana Clubs

IMAGE RELEASE CONSENT FORM

As part of our Awana Program, we take photographs and videos of children in action as they participate in club nights, outings, and other church sponsored events. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any uses of these images, names and other personal information with <u>NOT</u> be identified unless first discussed with parents.

- Images of my child(ren) may be used as part of pamphlets, brochures, and other informational materials.
- Images of my child(ren) may be used for newspaper publications for announcements of Awana events or other activities.
- Images of my child(ren) may be used at meetings, lectures, and workshops designed to educate leaders and congregations about Awana.
- Images of my child(ren) may be used on the Grace Bible Church website and Facebook page.
- Please **do not** use ANY images of my child(ren) in ANY way.

I have read the above description and give my consent for the use of the images as indicated above.

Child(ren)'s name(s): (please print)

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date