

CHALLENGE CAMP REGISTRATION FORM

PARTICIPANT INFORMATION:

Participant's Name: _____ Cell Phone:(____) ____ - _____
Mailing Address: _____ Home Phone:(____) ____ - _____
City, State, Zip: _____ Email: _____
Birthdate: ____/____/_____
Age: ____ Grade: ____ Gender: _____

PREFERRED METHOD OF CONTACT

(Circle One):

- 1.) Home Phone
- 2.) Cell Phone (Circle one below):
Call or Text

PARENT/GUARDIAN'S INFORMATION:

- 1.) Printed Adult's Name _____ Relationship to Participant _____
Adult's Phone Number(____) ____ - _____
- 2.) If you attend church, what church do you attend? _____ Pastor

- 3.) What school does the participant attend? _____
- 4.) Does the participant have current medical insurance? (Circle One): Yes No
Insurance Provider: _____ Insurance Policy Number: _____
- 5.) Emergency Contact ("EC") _____
EC's Home or Cell Phone _____ EC's Work Phone _____
- 6.) Player's Allergies _____
Player's Medicines _____

"CBC" MEDIA RELEASE

I hereby grant to Countryside Baptist Church, The Southern West Virginia King's Warriors, and The Nehemiah Group, Inc., its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for advertising purposes, the participant's name, pictures of the participant, as well as video recordings, and printed and electronic copy of the information described above in any and all media including and without limitation to, internet, promotion, advertising, and in brochures and other electronic and print media with full rights of ownership to all forms of media and no form of payment required.

This permission shall be ongoing unless I revoke the permission in writing.

I HAVE READ, FULLY UNDERSTOOD, AND DO AGREE TO ALL OF THE ABOVE.

_____/_____/_____
(Parent/Guardian's Signature) (Date)

****(continued on back)****

COUNTRYSIDE BAPTIST LIABILITY AND MEDICAL RELEASE – PARENT OR GUARDIAN

Realizing that the above youth may require emergency medical attention while attending/participating in the activities of Countryside Baptist Church (herein referred to as “CBC”), I hereby authorize all appointed responsible adult leaders of “CBC” to use his/her best judgment, and take such action as to best protect the health and safety of the above named participant during activities sponsored by “CBC”.

I, or any representative for myself or my child, will not hold **Countryside Baptist Church**, its pastor, board, staff, members, volunteers, participants, and any other assigns, or **The Nehemiah Group, Inc.**, its board, staff, members, volunteers, participants, and any other assigns, **The Southern West Virginia King’s Warriors**, its board, staff, members, volunteers, participants, and any other assigns responsible for any accident, illness, or injury. I hereby release those named from any liability whatsoever.

My child is in reasonably good health and I understand that there is a certain amount of risk in participating in sports and strenuous activity, and I am willing to allow my child to participate fully in this Challenge Camp.

I HAVE READ, FULLY UNDERSTOOD, AND DO AGREE TO ALL OF THE ABOVE.

_____/_____/_____
(Parent/Guardian’s Signature) (Date)
