



# Soccer Bible Camp



Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

List of Known Allergies \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ (If parent can't be reached)

Relation to child \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

If your child is on any kind of medicine please request a **Dispense Medicine Form** at drop off. I, the parent (legal guardian) of the child(ren) (minor) listed on this registration form, understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby authorize North County Christ the King Community Church as an Agent(s) for the undersigned to consent to and x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the PHYSICIANS AND SURGEONS ACT and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in aforesaid agent, to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.

I have read the above and consent to my child participating in the activities of the listed event. I also understand that my child is under the authority of the church leadership and that failure to comply with leadership could result in dismissing my child from this event and my being called to come pick him/her up.

I also hereby grant permission to North County Christ the King (Lynden, Washington) to use photographic images containing photograph likeness of said minor(s) for various purposes such as printed material, publications, displays, video productions, PowerPoint presentations, etc., as well as the various Christ the King related sites on the World Wide Web (WWW). I also acknowledge Christ the King's right to crop or treat the photographic image at its discretion.

**Parent/Guardian's Name (Print name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Gaurdian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**August 9-12 6-8 PM Cost: \$5.00**  
**Riverside park, Everson**  
**Grades K-6 For more info, call 318-9446 x120**

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Christ the King  
one church. many locations.  
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