



MEGA Sports Camp

Registration and Permission Slip

Registration Due: June 15, 2014



Participant's Information

Child's Name: _____

Address: _____

Age: _____ Grade Going Into: _____ M F

Activity Choice (Choose one to participate in all week)

- Soccer
- Basketball
- Football
- Baseball
- Dance
- Cooking & Sewing

Payment

MEGA Sports Camp - \$10

Payment can be made by:
Cash, Check, Visa, MasterCard, or tacomachristiancenter.org

Office Use:
Payment Received On _____

T-Shirt Size:

Youth S M L or Adult S M L XL

Guardian Information

Guardian Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell: _____

In Case of Emergency

Name: _____

Relationship to Child: _____

Phone Number: _____

Name: _____

Relationship to Child: _____

Phone Number: _____

Special Needs or Concerns: _____

Permission to Participate & Release of Liability

I give permission for my son/daughter, _____, age _____ to participate in MEGA Sports Camp, an event offered by Tacoma Christian Center Kid's Ministry, and consent and agree to indemnify and hold harmless Tacoma Christian Center, its agents, employees, or volunteer assistants from all claims that I or the church might have arising out of my child's participation in this event which is over and above that which is covered by insurance.

My child agrees to abide by the Tacoma Christian Center leadership.

Tacoma Christian Center Kid's Ministry has permission to take pictures of my child: Yes No

Emergency Medical Care & Treatment

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Tacoma Christian Center acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims FIRST to my insurance company, then to the insurance company for Tacoma Christian Center.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event, which is over and above that which is covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive the right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Tacoma Christian Center to administer or supervise such treatment and to do any procedure that it deems necessary until such time as my child can be safely transported to a doctor or hospital.

Parent/Guardian Signature

Today's Date

Child's Current Health Information

Allergies & Reaction

Penicillin Bees/Wasps Hay Fever Food: _____
 Other Medications: _____

Current Medications & Dosage

Inhaler: _____ Epi Pen / Reason: _____
 Other: _____

Restricted Activities for Any Reason: _____
 Other: _____

Medical Insurance Company _____ Policy # _____

Name of Policy Holder _____

Family Physician _____ Ph _____

Tacoma Christian Center's insurance is a **secondary** policy.
Your insurance needs to make a determination regarding the claim, then the church policy will respond.



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