



Sports and Arts Camp Registration



Child's name: _____

Parent's name: _____

Phone Number: _____ Work Phone: _____

Cell Number: _____ Email: _____

Child's Age: _____ Birth Date: _____ Last School Grade completed: _____

Address: _____ City, St, Zip: _____

Name of Home Church, if any: _____

Would you like to know more about Ashland Church? _____

My Child will be participating in (Circle one): Art Drama Dance

Wrestling Conditioning (Junior High) Soccer Basketball Tae Kwon Do

May we post pictures, that your child is in, on our church website, with no name attached, on (www.AshlandChurch.org)?

Circle one : yes no

Emergency Contact: _____

Doctor's name & number: _____

Any known allergies or other medical concerns? _____

Any special needs the leaders should be aware of? _____

I give permission for _____ to attend programs at Ashland Church and I hereby authorize the staff to obtain or provide medical treatment (Band-aids, band-aids etc.) and or refer my child to a medical treatment center (hospital, etc.) if needed. I further release Ashland Evangelical Presbyterian Church from any claims for personal injury or illness sustained during activities at Ashland Church.

Date

Signature of Parent or Guardian