



Buckminster Road Baptist Church

SUMMER CAMP 2021 ---- REGISTRATION

DATE: ___/___/_____

	NAME	MOBILE	EMAIL ADDRESS
CHILD			
FATHER			
MOTHER			

CHILD PROFILE

Name: _____

Date of Birth: ___/___/_____

Name of school: _____

Year: _____

MEDICAL HISTORY

I confirm that the child listed above is in good health and that there is nothing that prevents him/her participating in sport activities and to play football.

INJURIES AND ACCIDENT WAVE

Accidents may happen when practicing sports, so I (parent/carer) agree **not** to hold Buckminster Road Baptist Church responsible for any injury that may occur during the summer camp.

CONSENT TO TREATMENT

Parents will be contacted right away if an accident occurs. However, in case of emergency and if I (the parent/carer) not present, then I (parent/carer) consent to my child receiving medical help.

Parent's Signature