

BEACHMONT CHRISTIAN MINISTRIES DODGEBALL PROGRAM REGISTRATION FORM

If participant is under 18, a parent or legal guardian must complete this application.

_____ called by middle name
Last Name First Name Middle Name called by other name: _____

_____ / / Male Female
Age Birthdate

Street Address

_____ State _____ Zip _____
City

E-Mail: _____
(Beachmont will not share your e-mail address)

Home Phone: _____ Other contact number: _____
List where number is (cell, mom's cell, etc.)

Person to be called in emergency: _____
Name Phone Relation

Father's Name (list if you are under 18)

Mother's Name (list if you are under 18)

AUTHORIZATION/RELEASE:

PARENTAL AUTHORIZATION FOR PARTICIPANTS UNDER 18:

I give my permission for my child to participate in the Dodgeball Program at Beachmont Christian Ministries. I accept full responsibility for any medical expenses incurred due to injury sustained during participation in this program. I AGREE TO ASSUME OBLIGATION FOR ANY NECESSARY EXPENSES NOT COVERED BY THE CAMP'S INSURANCE POLICY ON ME SHOULD AN EMERGENCY ARISE.

Signature of Parent or Legal Guardian: _____ Date: _____

PARTICIPANT AUTHORIZATION FOR PARTICIPANTS 18&up:

I accept full responsibility for any medical expenses incurred due to injury sustained during participation in this program. I AGREE TO ASSUME OBLIGATION FOR ANY NECESSARY EXPENSES NOT COVERED BY THE CAMP'S INSURANCE POLICY ON ME SHOULD AN EMERGENCY ARISE.

Signature of Participant (if 18 or older): _____ Date: _____