

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

_____ City State Zip

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)

BEACHMONT RESERVES THE RIGHT FOR OUR STAFF TO REMOVE ANYONE WHO IS BEHAVING INAPPROPRIATLY. IMPROPER LANGUAGE AND CONDUCT WILL NOT BE TOLERATED. NO REFUNDS WILL BE GIVEN.

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: _____