



Basketball Camp Registration and Waiver Form

July 8-12, 2019 8:30am - 12pm
For all Boys and Girls in Grades 4 - 8

***Please notice the photo release included,*

*It's important for us to know if you would like limitations placed on the use of photos. Thank you very much.***

REQUIRED: Consent

I am authorized to give consent for the student to participate in events and activities: **Mother** **Father**
 Guardian or other. Please indicate _____

We/I register the children listed below in Basketball Camp. (Further allergy information can be included on reverse of page)

Name: _____ Age: _____ Allergies: _____

Name: _____ Age: _____ Allergies: _____

Name: _____ Age: _____ Allergies: _____

Emergency Contact : _____

Signature: _____ Date: _____

OPTIONAL: Permission to Photograph

We/I grant permission to Living Hope Church to photograph and use the enrolled student's photograph/pictures or video in promotional material used in-church only.

Signature: _____

We/I grant permission to Living Hope Church to photograph and use the enrolled student's photograph/pictures or videos on the church website or social media: www.livinghope.on.ca

Signature: _____

*******REQUIRED: General Release - Registrations will not be processed without a signature below.*******

In consideration of permission to use the property, facilities, staff, equipment, and services of the Living Hope Christian Reformed Church, I on behalf of myself, my heirs, personal representatives, or assigns, or as legal guardian of the minor registrant, **do hereby release, indemnify and save harmless, waive and forever discharge** the Living Hope Christian Reformed Church, its directors, officers, employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in activities, classes, observations and use of facilities, premises or equipment. I further authorize the Living Hope Christian Reformed Church to obtain any medical care deemed necessary in the even of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge I have read, understood and agree to this waiver, release and indemnity.

Signature: _____