



Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last school grade completed _____ Male/Female _____

SPORTS CHOICE - Grades 1st - thru 6th Grade

- _____ Soccer (bring a soccer ball and shin guards labeled with your name)
- _____ Basketball (bring a basketball labeled with your name)
- _____ Baseball (bring a ball and glove labeled with your name. We recommend a safety ball for kids 6-8 years old)
- _____ Cheerleading (wear comfortable shoes)
- _____ Karate (wear comfortable clothing)

<p>NEW! PRESCHOOL MINI SPORTS CAMP AGES 3-5/K</p>
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Experience a different sport each day of the week!

T-shirt Size _____

Guardian(s) name _____

Home phone _____ Work phone _____

In case of emergency contact _____ Phone _____
_____ Phone _____

Special concerns (allergies, medications, medical conditions, etc.) _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during MEGA Sports Camp "The Great Comeback" I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), we well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent or Guardian _____

Date _____ Signature of Parent or Guardian _____

PLEASE RETURN FORM IN MAIL OR DROP OFF AT:

**Galloway U.M.C.
196 Seysler Rd.
Franklin, PA 16323
(814-437-5425)**

**** \$5.00 Registration Fee Due with Completed Form**