



Form Distribution

All-Star Sports Camp Registration Form
ONE FORM PER CHILD REQUIRED

PLEASE PRINT CLEARLY

During the All-Star Sports Camp, my child will participate in: (Circle only 1)
Baseball Football
Soccer Cheerleading
Basketball Praise Dance
Arts & Crafts

Child's Name Last First Middle

Parent/Guardian Name(s)

Address City Zip

Phone Other Phone Email address

School Child Attends

\*Grade child will be in when school starts (Please circle) K 1 2 3 4 5 6

Church Race

Birth Date(month/day/year) Gender: Female Male

Child's Physician Phone number Hospital

Emergency Contact Information In case of injury or other problems call (OTHER THAN PARENT/GUARDIAN)

Name Relationship Phone

Name Relationship Phone

Transportation

My child will get to and from camp by: (circle one)

Walking to and from By family car Starting Small Day Care Children's World Shalom Readers LYLA

Other(please explain)

\*If your child's grade is not listed on this form, they are not eligible to attend the All-Star Sports Camp

Please drop off completed forms at Lubbock Dream Center (1111 30th St), Asbury United Methodist Church (2005 Ave. T) OVER PLEASE
If you have questions or need more information, please call Living Abundantly Ministries 806-368-8983 or go to www.livingabundantlytx.com

**Pick Up**

My child has permission to ride home with the following people:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medical History**

Please state any conditions that might limit your child's activities at camp \_\_\_\_\_

Is your child currently taking any medications? If so, please list each medicine with dosage information \_\_\_\_\_

Does your child have any allergies (including medicines and foods)? If so, please specify \_\_\_\_\_

Does your child carry any medicine on his/her person? If so, please list each medicine with dosage information \_\_\_\_\_

I, the parent or legal guardian, of the child named above, hereby grant my permission for him/her to participate in the All-Star Sports Camp. I acknowledge the fact that he/she is physically able to participate in camp activities. I release the All-Star Sports Camp, its employees, Board of Directors, Volunteers, and/or sponsors from all claims from injuries or illnesses which may be sustained by my child due to any participation, transportation in effect of any other of the activities thereof, and authorize treatment of the above named camper on an emergency basis in the event that such treatment becomes necessary while attending camp. I also give my permission for any picture taken during camp of my child to be used in presentations and publicity. I understand that any identifying information such as my child's name will not be used in the pictures. **I understand that since this is a sports camp, my child is required to wear closed-toe shoes, and that sandals or flip flops are not permitted to be worn at camp. I have read and understand the parents' guidebook for the All-Star Sports Camp.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Camp Representative

\_\_\_\_\_  
Date

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