

Registration Form

Please complete both sides of this form and return with payment via mail or Office Drop Box.



Primary Parent/Guardian Name: _____

Secondary Parent/Guardian Name: _____

Street Address: _____

City/State: _____ Zip: _____

Phone Number: _____ Cellular Phone: _____

E-mail: _____

Children's Info: Name: _____ Totals

Age: _____

Gender: _____

Shirt Size: _____

- Half Day (\$25) _____
- Full Day (\$40) _____
- Late Pick Up (\$5) _____
- Total Cost _____

Method of Payment: Cash Check (Check Number _____) Please complete the other side

Fee includes equipment and camp t-shirt. Submit checks (with Summer Sports on memo line), to the Church Office or mail to Calvary Chapel, Attn: Luis Hernandez, 8900 U.S. Hwy. 19 N., Pinellas Park, FL 33782.

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Medical Release/Liability Form

In consideration in accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Calvary Chapel St. Petersburg, its employees, volunteers and other representatives or affiliates (including without limitation to the participating churches, organizations participating through such churches, sponsors, game or event workers, officials, facilities and volunteers) from and against any claims arising out of or relating to illness, physical injury, death, or other damages that may result to said individual while participating in a Calvary Chapel St. Petersburg sponsored event, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games. I also hereby authorize the staff, volunteers and/o representatives of Calvary Chapel St. Petersburg to act for my child according to their best judgment in any emergency situation requiring medical attention. I also understand and give permission that all photographs and/or video taken of the applicant during this event is the property of Calvary Chapel St. Petersburg, and may be used along with my child's name in church videos, broadcasts, Calvary Chapel St. Petersburg publications and/or promotional media.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____

My son/daughter has the following medical problems, is prescribed the following medication(s), which should be noted:

Allergies: _____

Family Physician: _____

Phone: _____

I have medical coverage for my child

Name of insurance company: _____

Policy Number: _____

Emergency Authorization:

I, the undersigned parent or legal guardian of the participant hereby authorize the Calvary Chapel St. Petersburg staff, volunteers or representatives, as my agents, to consent to emergency medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize transportation, treatment and/or care at any hospital.

Authorization Signature: _____ Date: _____