



**INSIDE OUT SPORTS CAMP HELD @
 PARAGOULD HIGH SCHOOL
 ALL STUDENTS GRADES 1-6
 ON JUNE 14-18 FROM 6:00-9:00 PM
 NIGHTLY
 TO REGISTER,
 PLEASE COMPLETE FORM &
 RETURN THIS FORM TO
 EAST SIDE BAPTIST
 CHURCH BY MAY 25th**

Camper's Name _____ Church Home _____

Parent's Name _____ Parent's Signature _____

Sex: M or F (please circle one) Age _____ Grade completed _____ T-Shirt Sz. _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Numbers: 1) _____ 2) _____

Sport you would like to specialize in.
 (Please indicate 1st, 2nd, & 3rd choices. You will be assigned to only one sport.)

- | | |
|--|---|
| *Football _____ | *Cheer _____ |
| *Basketball _____ | *Dance _____ |
| *Soccer _____ (Shin guards are recommended.) | *Golf _____ (Bring clubs if you have them) |
| *Volleyball _____ (You might want knee pads. Those are optional.) | *Archery _____ |
| *Softball _____ (Bring your glove.) | *Tennis _____ (Please bring a racket. We only have limited extras) |
| *Baseball _____ (Bring your glove.) | *Bowling _____ |

There are only a certain number of spots available per sport. Campers will be registered on a first form returned first registered basis. If a child's first sport fills up they will receive their next choice. Please register quickly. If a child is completely dissatisfied with the sport of choice, the child may change sports one time the night following their first night of attendance if the space is available in their next choice.

**Medical Release form on opposite side must be filled out for
 registration to be complete**

MEDICAL RELEASE FORM

Insurance issued in the name of _____
Is coverage for dependents? _____

Policy Number: _____ Group Number: _____

Preauthorization Phone #: _____

Allergies: _____

I certify that the above-named youth is my child or my legal ward and resides with me. In the event he/she becomes ill, is injured, or for any reason requires medical treatment while attending a Inside Out Sports Camp (IOSC). I do hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician selected by agents or officials of the IOSC. In the event treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the staff of IOSC or any other representatives of East Side Baptist Church or Southside Community Church, to give such consent and further agree to hold any person harmless from any claims, demands, or suits of any nature arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will notify my home church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for leaders to restrict my child from participation in any activities that they have any questions about for health or other reasons.

The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. I will see that payment is made for all medical expenses incurred from medical treatment for the named youth. This payment will be made by me or by my insurance company providing coverage for the above-named youth.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in Inside Out Sports Camp, sponsored by East Side Baptist Church and Southside Community Church for the 2010 calendar year. I fully release IOSC, its authorized representatives and staff, and it's participating churches from all liability of any kind and character upon any claim, demand, or cause of action that might be asserted in our behalf against said Association, church, representatives or staff.

Signature of Parent/Guardian: _____ Date: _____

**RETURN THIS FORM TO: SOUTHSIDE COMMUNITY CHURCH
2211 JONES ROAD, PARAGOULD, AR. 72450
PHONE: 239-2271**