



# R.B.C Summer Sports Camp Registration and Permission Form

Mail this form and your check to Redland Baptist Church, Attn: Recreation Ministry, 6922 Muncaster Mill Road, Rockville, MD 20855. Register by June 1<sup>st</sup> to ensure your child gets a free tee shirt!

Parent Name: \_\_\_\_\_

List your child's name, age, and shirt size and **circle the sport in which he/she wishes to participate**. Each sport has a minimum and maximum number of allowable participants. It may not be possible to change activities once selected. Parents should choose the age group based on their child's athletic ability and their ability to stay focused. (A child's age grouping is determined by what age they will be on Sept 1, 2010).

Child's Name	Youth Shirt Size	Age	Week #1 July 6-9	Week #2 July 12-15	Week #3 July 19-22
_____			FUNDamentals (ages 4-6) Soccer (ages 6-13) Basketball (7-13)	FUNDamentals (ages 4-6) T-ball (age 6-9) Basketball (ages 7-13)	FUNDamentals (ages 4-6) Soccer (ages 6-13) Football (ages 7-13)
_____			FUNDamentals (ages 4-6) Soccer (ages 6-13) Basketball (7-13)	FUNDamentals (ages 4-6) T-ball (age 6-9) Basketball (ages 7-13)	FUNDamentals (ages 4-6) Soccer (ages 6-13) Football (ages 7-13)
_____			FUNDamentals (ages 4-6) Soccer (ages 6-13) Basketball (7-13)	FUNDamentals (ages 4-6) T-ball (age 6-9) Basketball (ages 7-13)	FUNDamentals (ages 4-6) Soccer (ages 6-13) Football (ages 7-12)

Registration Fee: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Early registration will begin Monday, February 1st. Please circle your choice below:

<u>Early Registration (1 child):</u>	<u>Early Registration (2 children):</u>	<u>Early Registration (3+ children):</u>
1 week = \$65.00	1 week = \$115.00	1 week = \$175.00
2 weeks = \$125.00	2 weeks = \$225.00	2 weeks = \$345.00
3 weeks = \$165.00	3 weeks = \$295.00	3 weeks = \$445.00

Late registration will begin Tuesday, June 1<sup>st</sup> and end when space is full. Please circle your choice below:

<u>Late Registration (1 child):</u>	<u>Late Registration (2 children):</u>	<u>Late Registration (3+ children):</u>
1 week = \$75.00	1 week = \$125.00	1 week = \$185.00
2 weeks = \$145.00	2 weeks = \$245.00	2 weeks = \$365.00
3 weeks = \$195.00	3 weeks = \$325.00	3 weeks = \$475.00

Please make checks payable to Redland Baptist Church and designate Sports Camp Registration Fee.

### Parental consent/Liability release/Behavior expectations:

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_, minor(s), hereby acknowledge that said minor(s) is/are presently under my care, custody, and control. I hereby give my child(ren), said minor(s), my express permission to participate in the activity listed above with the Redland Baptist Church Recreation Ministry. In the event of an emergency necessitating medical and/or surgical attention, I hereby consent and give my permission to Redland Baptist Church, or its representatives, or the church's chaperones, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor(s) which may in their sole discretion be necessary and proper under the circumstances.

I fully understand the nature of this activity and that my child(ren) will participate at his/her/their own risk. I do hereby release, acquit, discharge, and covenant to hold harmless Redland Baptist Church, its representatives, and the church's chaperones from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by my child(ren) during the above dates.

I understand that my child(ren) is/are expected to obey camp rules and be respectful to the staff and other campers. I understand that if my child(ren) causes a consistent disruption to the camp or causes a safety hazard to themselves or others by their actions that they will be removed from camp and I may forfeit part of the registration fee.

I acknowledge that if my child(ren) is/are not picked up by 12:00p.m., that I will be charged a \$20 late pick-up fee.

Signature of Parent and/or Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Redland Baptist Church  
6922 Muncaster Mill Road., Derwood, MD 20855

301.977.1000  
www.redlandbaptist.org

Date received in Church Office: \_\_\_\_\_

**REDLAND RECREATION MINISTRY CONTACT INFORMATION  
AND MEDICAL RELEASE FORM**

**Participant 1:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age Now: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

**Participant 2:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age Now: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

**Participant 3:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age Now: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

**(If there are more than 3 children in your family that are participating, please make a copy of this paper and fill out another one for any additional children.)**

**Family Information:**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ Home Church: \_\_\_\_\_

How regularly do you attend church? 1/week, 1-2/month, occasionally, rarely, never

Are you interested in learning about the programs at Redland Baptist Church? \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**In case of emergency during camp hours please contact \_\_\_\_\_ at the following  
number: \_\_\_\_\_.**