

2019 Cross Fit Camp Registration

June 17th – 21st / 7:00 to 9:00 p.m.

Kemp High School and Jacket Stadium

For children who have *completed* Kindergarten – 8th Grade

Please return to school office by May 24th



First & Last Name: _____ Age: _____

Birth Date: ____/____/____ Grade **completed** on June 1, 2019: _____

Mailing Address: _____

Street Address: _____

Home Phone: (____)-____-____ email address: _____

Parent / Guardian Name: _____ Emergency Contact phone #: _____

T-Shirt Size: (Please check one **Youth** or **Adult** Size) YS YM YL - S M L XL

Do we have permission to photograph your child for possible publication on the First Baptist Kemp website?

Yes No

Dismissal Information: Besides myself, the following people are allowed to pick up my child from Cross Fit Camp:

#1 _____, relationship _____

Phone # _____ Alternate Phone # if any _____

#2 _____, relationship _____

Phone # _____ Alternate Phone # if any _____

Medical Needs/Allergies

Does your child have any *pre-existing* medical conditions that Cross Fit Camp leaders should be aware of? **Yes** or **No**

If yes, please list _____

Does your child have any food allergies? **Yes** or **No** **If yes, please list** _____

Does your child need any medications such as an asthma inhaler that they will keep with them at Cross Fit Camp?
 Yes or **No** **If yes, please list** _____

Disclaimer

I understand and acknowledge that the activities of Cross Fit Camp include running, strenuous muscular activity, and water activities. As a participant my child may also engage in competitions involving those same activities. During the various activities of Cross Fit Camp, it is possible to have injuries among the children participating. We try not to choose games that are rough, but due to children's competitive nature, accidents sometimes are unavoidable. This year we have included an Archery Rotation (Focus) for children in Third through Eighth grades. This letter acknowledges that you the parent, or guardian will not hold First Baptist Church of Kemp or its volunteers responsible for any injury to your child during Cross Fit Camp.

I **do** / **do not**, allow my child in the _____ grade to participate in the Archery Rotation at Cross Fit Camp and will not hold First Baptist Church of Kemp or its volunteers responsible for any injury.

Parent/Guardian Signature: _____

Date: ____/____/____

