



Pray then Play Registration Form

Sport(s) participating in: _____

T-Shirt Size (circle one) ys ym yl as am al axl axxl axxl

Shorts size (included in cheerleading only) circle one ys ym yl as am al axl

Name: _____ Age: _____ Birthday _____

Address: _____

Home Phone Number: _____ Work/Cell Phone Number _____

Email Address: _____

Other person to contact in case of an emergency: _____ Phone #: _____

Family Physician: _____

Specific Medical Allergies, Chronic Illnesses, or other conditions _____

Date of minor's last Tetanus shot _____

Church Affiliation: _____ How many years have you played this sport? _____

MEDICAL RELEASE:

In absence of an authorized parent or guardian of my child, I hereby authorize Sponsoring Church to obtain medical treatment for the above-mentioned child as a result of accident or injury while participating in Pray then Play Sports activities. This is to include any emergency first aid or medical care by any physician, hospital or attendant, which is deemed necessary by, said physician, hospital or attendant as a result of involvement in Pray then Play Sports activities.

I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child.

I/we as parent(s)/legal guardian(s) as primary carriers, do assume all costs for necessary medical treatment as needed and allowed in this authorization form. In order to simplify this process, our insurance carrier is _____ plan/policy number _____.

PHOTO RELEASE:

This document also serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated conference/camp for the purposes of publicity, staff training, and/or promotion.

Date: _____ Signature of Parent or Guardian: _____