

8:00 a.m. - 5:00 p.m. Monday-Friday

\$60 for the Week, Bring a Sack Lunch and a Swimsuit



Name: _____

Address: _____

Zip Code: _____ Phone # _____

Parent E-mail: _____

Age: _____ Grade: _____ T-Shirt Size _____

Fill out this registration form and either mail it to the address below or drop it by the church office with your \$60 and we will get you signed up for Champs Camp 2012. You can also register online at www.nwbc.tv.

Northwest Baptist Church
3030 NW 23rd
Oklahoma City, OK 73107
Phone: 405.942.5557
Email: champscamp@nwbc.tv

PARENT RELEASE FORM

Child's Name _____

I, _____, do hereby release, absolve, indemnify, and hold harmless Northwest Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named person arising out of their participation in church sponsored events. In case of injury, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them.

Signature _____ Date _____

Medical Care & Medical Information Authorization to the Attending Physician, Hospital, and Staff:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of Northwest Baptist Church to perform whatever care is necessary.

Signature _____ Date _____

Hospital Insurance Yes ___ No ___

Insurance Company _____

Policy Number _____

Physician _____

Physician's Phone _____

Emergency Phone Number _____

Notes _____

YMCA of Greater Oklahoma City - Consent to Treat

As the parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of minor _____

Relationship _____

Emergency Contact Number _____

Date _____

Parent/Guardian

Signature _____

Family Physician _____ Phone

Number _____

Other Contact in Case of Emergency:

Name _____ Relationship _____

Number _____

HOLD HARMLESS: By my signature, and of my own free will, I do agree to indemnify and hold harmless the YMCA of Greater Oklahoma City from any and all claims and demands, costs, or expense arising out of any injuries, damages, or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Signature: _____ **Date:** _____