



CAMPER REGISTRATION FORM FOR CTSC

Child's Name: _____ Age: _____ Last Grade Completed: _____

Date of Birth: ____/____/____ (Circle One) Gender: Male or Female

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Email _____

Is your family active in a local church? (Y or N) Church Name: _____

List ALLERGIES

LIST ANY MEDICAL CONDITIONS WHICH MAY LIMIT YOUR CHILD'S ABILITY TO PARTICIPATE IN THE ACTIVITIES OF CTSC:

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Parent/Guardian's Name: _____ Phone #: _____

2nd Emergency Contact: _____ Phone #: _____

Relationship to the Child: _____

I, _____ (**Parent/Guardian's Name**) hereby give permission for any and all medical attention to be administered to my child, _____, (**Child's name**) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I can be contacted. I also assume responsibility for payment of any such treatment. This release is effective for the duration of the **Cross Training Sports Camp** located at **Lula Elementary School** on **June 1st -5th, 2026.**

I hereby authorize Cross Training Sports Camps, Inc. to use my child's photograph on promotion materials, including but not limited to: website, video, social [media and printed materials. I hereby give approval for the participation of my child in any and all Cross Training Sports Camps activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the Cross Training Sports Camps Organization, the organizers, sponsors, supervisors, officers, directors, participants, and persons or parents supervising or transporting said camper to or from such activities from any claims arising out of injury to my child.

PARENT/GUARDGIAN SIGNATURE: _____ DATE: _____