

**SSBT Community Soccer Camps**  
**2023 Registration Form**  
*(One form per student)*

**Experience the “Difference” of our Christian Soccer Camps!**

Print and complete the registration form below and mail it along with your \$20 registration fee\* to:

**South Side Baptist Tabernacle**  
**Community Soccer Camp Registration**  
**6710 Textile Rd**  
**Ypsilanti, MI 48197**

*\*Registration fees are non-refundable. This fee has been established to pay for our extended insurance, for shirts and awards for each child.*

*Please make your checks payable to South Side Baptist Tabernacle.*

**1) STUDENT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ M or F  
Childs T-Shirt size \_\_\_\_\_

**2) PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Secondary Telephone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

**3) REGISTERING FOR (please check one):**

Age	Date	Time
Ages 5-8	August 7 <sup>th</sup> -10 <sup>th</sup>	9:00 AM-11:30 AM
Ages 9-13		1:00 PM-3:30 PM

**4) SOCCER EXPERIENCE (none required):**

\_\_\_\_\_

\_\_\_\_\_

**5) WHAT TO BRING:** Parental Consent and Health Information Forms, soccer ball, shin guards, a small snack, and drink.

***Water is provided.***

If you have any questions, please feel free to contact us at:

Email address: soccer@ssbtonline.org  
Phone: (734) 482-4122

# 2023 PARENTAL CONSENT/MEDICAL INFORMATION FORM

## CHILD INFORMATION

Child's Name				
Birthday (MONTH / DAY / YEAR) / /	Grade	Age	Female	Male
Home Address				
City / State / Zip		Home / Cell Phone		
Parent / Guardian		Work / Cell Phone		
Parent / Guardian		Work / Cell Phone		

## SOUTH SIDE BAPTIST TABERNACLE RELEASE/WAIVER FOR CHRISTIAN SOCCER CAMPS 2023

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all **South Side Baptist Tabernacle Christian Soccer Camps 2023** activities. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor attending **South Side Baptist Tabernacle Christian Soccer Camps 2023**, or their participation in any of its programs, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I accept the South Side Baptist Tabernacle facilities as being safe and reasonably suited for the purposes intended and (iii) I voluntarily sign this document.
2. Release South Side Baptist Tabernacle, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the South Side Baptist Tabernacle facilities.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the South Side Baptist Tabernacle facilities; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize South Side Baptist Tabernacle as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand South Side Baptist Tabernacle is not responsible for costs incurred for medical care.

## CHILD RELEASE AUTHORIZATION / EMERGENCY CONTACTS

Persons **AUTHORIZED** to Pick Up Child from Facility:

Name	Relationship	Home / Work / Cell Phone
1. _____		
2. _____		
3. _____		

Child in Custody of:     Both Parents     Mother     Father     Guardian  
     Other \_\_\_\_\_

Child lives with:         Both Parents     Mother     Father     Guardian  
     Other \_\_\_\_\_

Persons **UNAUTHORIZED** to Pick Up Child:

1. \_\_\_\_\_
2. \_\_\_\_\_

## HEALTH INFORMATION

Name of Health Insurance Company
Policy Number
Family Doctor Name
Phone Number

## HEALTH HISTORY

List any allergies to food, medications, insects, plants, etc.:

\_\_\_\_\_

\_\_\_\_\_

List any restrictions on physical activity and why:

\_\_\_\_\_

\_\_\_\_\_

List any medications to be taken here at **SOUTH SIDE BAPTIST TABERNACLE SOCCER CAMPS 2023**:

\_\_\_\_\_

\_\_\_\_\_

I intend this document to be as broad and inclusive as is permitted by the laws of the State of Michigan; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## PHOTOGRAPHIC WAIVER/CONSENT

I, \_\_\_\_\_ give my permission to South Side Baptist Tabernacle to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, \_\_\_\_\_, in South Side Baptist Tabernacle's general publicity and campaign materials.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**