

**Appendix C**  
**WAIVER & MEDICAL RELEASE FORM**

Activity: High Power Soccer Camp

Date: August 17-21, 2009

Chaperones: High Power Leadership Team & Trained Volunteers

Name of Child/Youth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Does your child/youth have any severe allergies? (bee stings, food, penicillin, other drugs)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child/youth have any life-threatening allergies?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child/youth bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child/youth have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Precautions are taken for the safety of your child/youth, but in the event of accident or sickness, Rothesay Baptist Church & Valley Christian Academy, its staff, and its volunteers are hereby released from any liability. In the event that your child/youth requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child/youth must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number & expiry date: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**Parent/Guardian's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_



## SOCCER CAMP REGISTRATION FORM

August 17th - 21st

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Gender:    M    F

Child's T-Shirt Size:    Youth Small (6-8)    Youth Med (10-12)    Youth Large (14-16)

Church your family attends (if any): \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached) the church should contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies, medical or other special conditions the High Power team should be aware of:

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Please enclose a registration fee of \$45.00, which covers the cost of soccer training and includes a camper soccer ball, water bottle, T-shirt, and a Power Kick! Camper booklet.

Return the fee along with this form and the medical release form (attached) to the church address below as soon as possible to ensure your spot at camp this year. Space is limited, so register soon!

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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