



**2015**  
**CHRISTIAN SPORTS**  
**CAMPS**



**Parents please read and sign the Medical Consent and Release of Liability below to complete registration.**

I agree that all use of the Second Baptist Church facilities shall be undertaken at my own risk, and that Second Baptist Church and Triumph Sports shall not be liable for any injuries or any damage to me or my property, or be subject to any claim, demand, injury or damages whatsoever, including, without limitation, those damages resulting from acts or active passive negligence on the part of Second Baptist Church or Triumph Sports, or its officers or agents. I, for myself, and on behalf of my executors, administrators and assigns, do hereby expressly forever release and discharge Second Baptist Church and Triumph Sports, its successors and assigns, as well as its officers and agents, for all such claims, demands, injuries, actions or cause of action.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or the instructors as Agents for the undersigned to consent to Medical, Surgical, and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge the Second Baptist Church and Triumph Sports from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Triumph Sports will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given.

**Before June 1st - \$80**  
**After June 1st - \$90**

Date	Program	Time	Select Camp Here
June 22-25	Basketball Camp	9:00AM-12:00PM	
June 22-25	All Star Sports & Games	12:30PM-3:30PM	
July 27-30	All Star Sports & Games	9:00AM-12:00PM	
July 27-30	Indoor Flag Football	12:30PM-3:30PM	
AUG 10-13	Dodgeball	9:00AM-12:00PM	
AUG 10-13	All Star Sports & Games	12:30PM-3:30PM	
Total			

**[www.TriumphSports.Info](http://www.TriumphSports.Info)**

**Parent Signature** \_\_\_\_\_

Last Name \_\_\_\_\_ Participant's First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_