

**HIGH POWER BASKETBALL CAMP  
REGISTRATION 2019**



**VACATION BIBLE SCHOOL  
AUGUST 5-9, 2019**

Parent Name(s): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Church Currently Attending: \_\_\_\_\_

PLEASE LIST ALL CHILDREN AGES 5 TO 13 THAT WILL BE ATTENDING CAMP

*T-Shirts provided for Campers at no cost. **Registration must be rec'd by July 15** for correct size.  
**Camper T-Shirts are Youth Sizes - Indicate clearly if camper needs an adult size.***

CHILD'S NAME	AGE	T-SHIRT SIZE SM-M-LG-XL	DATE OF BIRTH

***If person bringing & picking up your children is different from parent(s) please list***

Adult Responsible for Camper(s): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please let us know if your child(ren) have allergies or any special needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# HIGH POWER BASKETBALL CAMP

## AUTHORIZED PICK-UP PERSON(S)

For safety reasons, we will not release any camper to anyone other than their parent(s), responsible person listed on reverse or a person appointed by their parent(s). Please list alternate person(s) who has/have your permission to pick up your child/children from High Power Soccer and V.B.S.:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Should this person change, please call (530) 310-4710

## ALTERNATE EMERGENCY CONTACT INFORMATION

**If we cannot contact Parent or Responsible Adult listed on reverse:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

*Is this person allowed to pick up your child(ren) if you or the Responsible Adult listed on reverse is unreachable in an emergency?      Yes      No*

I certify that the above listed child(ren) is/are physically sound and free from infection or communicable disease. The staff of **High Power Basketball and V.B.S.** have my permission to seek emergency medical treatment for any or all of the above listed children should they deem it necessary.

I authorize **High Power Basketball Camp** staff to involve my child(ren) in photos for publicity.  
(Please cross through & initial this paragraph if **not authorizing** for using photos in publicity)

I agree to indemnify, protect, defend, and hold harmless Honey Lake Valley Assembly of God, Janesville Christian Fellowship, Calvary Chapel Susanville, Log Cabin Southern Baptist Church, Standish Bible Church, Janesville School, their leadership, employees and volunteers, *High Power Basketball Camp*, its Director and staff from and against any cost, damage, expense, claim or liability caused by or arising out of injury, including death, to my child(ren) or property damage while attending or as a result of attendance at *High Power Basketball Camp*, and any attorney's fees and/or costs.

*(Only one parent's signature per family is required)*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Please return this form ASAP to Judi Hogan 711-225 Sunnyside Road, Janesville, CA 96114**

**Questions - (530) 310-4710 or darren\_judi@hotmail.com**

**PLEASE PRE-REGISTER - We must have Signed Registration Form on a**

**First Come Basis for children to be considered "Registered".**

