

sports & performing arts

Power Camp has two options for participants: **SPORTS** or **PERFORMING ARTS**. These are separate tracks, and campers will choose **ONE** for the week.

At Power Camp children are exposed to several skills in their selected track, rather than focusing on one particular sport or performing art.

CAMP INFORMATION

Eligibility: Age 4-6th Grade
Location: Open Door Baptist Church & Durant Road Elementary
Date: July 18-22, 2011
Time: 5:30pm-8:00pm

THERE WILL BE A SPECIAL REGISTRATION CELEBRATION ON JULY 17, 6:00PM-7:00PM AT OPEN DOOR FOR ALL CAMP PARTICIPANTS!

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Open Door Baptist Church
 9801 Durant Road
 Raleigh, NC 27614

Form and registration fee may be dropped off at the **church office** anytime between **9:00am** and **5:00pm.**, Sunday through Thursday.

OR

Register **ON-LINE:**

www.opendoorlife.com/powercamp

REGISTRATION INFORMATION:

The early registration cost per child for **Power Camp** is **\$15** (\$30 Family max); after **June 5**, the cost is **\$25** (\$50 Family max).

2011 POWER CAMP REGISTRATION FORM

PARTICIPANT CONTACT INFO:

I AM REGISTERING MY CHILD FOR:

SPORTS PERFORMING ARTS

Last Name: _____

First Name: _____ MI: _____

Gender: _____ Grade (10-11 school year): _____

Date of Birth: _____
 Month / Day / Year

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Cell Phone: _____

Parents Email: _____

Church: _____
 (If you regularly attend church, which one?)

SIZING

Camp T-Shirt (circle one):

YS YM YL AS AM AL AXL A2X

Does your child have any allergies (e.g., food) or medical conditions?

List: _____

Please explain: _____

OFFICE USE ONLY

PAID AMOUNT PAYMENT TYPE

PLEASE BE SURE TO FILL OUT STEPS 1-5:

PARENT/GUARDIAN INFORMATION:

Father/Guardian: _____

(1) Work Phone: _____

I would like to assist this event by being a: COACH HUDDLE-LEADER OTHER

(2) Mother/Guardian: _____

Work Phone: _____

I would like to assist this event by being a: COACH HUDDLE-LEADER OTHER

(3) Emergency Contact: _____

Daytime Phone: _____

Evening Phone: _____

For a larger print version of these terms and conditions please visit

www.opendoorlife.com/powercamp

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Power Camp program (the "Program") of the above-named Church. My child will participate in the Power Camp sport or performing art denoted on this registration form.

I understand that this Program is a nonprofit Christian ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks.

In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue the Church and all of the Church's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any sponsors, parents, vendors, coaches, huddle leaders, and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give Open Door Baptist Church permission for free use of my child's picture or video on the Open Door web site or in written accounts for any participation in the Open Door Power Camp program.

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

Signature: _____ Date _____

(4) Printed Name: _____

Signature: _____ Date _____

Printed Name: _____

If only one parent/guardian signs this form, the following must also be signed:

I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

(5) Signature: _____ Date _____

Printed Name: _____

Cut here and keep