

Northwest Baptist Church's

MIDDLE SCHOOL MADNESS

Middle School *Guys* Basketball Camp

Sunday, June 24th - Thursday, June 28th

6:00 - 8:30 pm

Franklin Middle School Gymnasium

For guys entering 7th – 9th grades

FREE of charge

Send or deliver application to:

Northwest Baptist Church
300 Westminster Road
P.O. Box 372
Reisterstown, MD 21136

Phone 410-833-7220
www.NorthWestBaptistMD.org

Middle School Madness Registration

Please note:

1. Forms must be filled out completely (incomplete forms will **NOT** be processed).
2. Camp is for middle school *guys* entering SEVENTH through NINTH grades **ONLY**.
3. Confirmation letters will be sent out **3-4 days** prior to the start of camp.

Name of Middle Schooler _____

Street Address _____

City _____ State _____ Zip _____

Email address _____

Parent(s) Name(s) _____

Parent(s) Phone Number(s) _____

In Case of Emergency, Contact _____ at _____

Date of Birth _____ Name of School _____ Grade Entering _____

Name of Home Church (if any) _____

Donation Included? _____ (Amount) (checks payable to Northwest Baptist Church - MSAC)

Please note that attendance is essential to the success of the camp and game play. I understand this is a one week program, and I commit to my son attending each night, **Sunday through Thursday**, barring any unforeseen circumstance.

Signature of Parent/Guardian

Date

Medical Release/Parental Consent Form

I, _____, hereby authorize my son _____, to attend Northwest Baptist Church's Middle School Madness Basketball Camp. I further agree that the leaders are duly authorized to obtain professional medical and/or hospital care for any and all types of medical emergencies that may arise during this event.

This agreement authorizes any licensed hospital or professional to render medical/surgical care as deemed necessary in the event of an emergency. Hospital expenses and/or medical expenses are provided for by my insurance company. I further understand that I am responsible for any financial obligations that are not covered by my/our insurance carrier.

Insurance Carrier: _____

Policy #: _____

Contact Name: _____

Doctor's Name: _____ Doctor's Phone Number: _____

*I give permission for my son to be administered Tylenol or Motrin by the camp nurse (circle one):
Yes or No*

I understand that all reasonable measures to keep my son safe will be taken; however, if any injury occurs, I will not hold Northwest Baptist Church responsible.

Signature of Parent/Guardian

Date

Allergy Information and Dietary Restrictions

My son has the following allergies or medical conditions of which the leaders should be aware:

(over)

Reisterstown Recreation Council Waiver for use of Franklin Middle School

Acknowledgment, Waiver and Release of Liability:

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge that Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an activity representative and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto, as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity. I shall inform the Recreation Council in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. I shall present a government issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18): _____ Date: _____

Print Name of Signature: _____ Relationship to Participant: _____

Print Name of minor child, if applicable: _____