

GATEWAY BAPTIST CHURCH - ACTIVITY REGISTRATION

Activity you wish to sign up for: _____

Participant Name: _____ Sex: _____ Date of Birth: _____ Grade: _____

Participant Email: _____

Street address: _____ City: _____ State: _____ Zip _____

Phone(s): _____

Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL AXXXL

PARENT INFORMATION (If participant is under 18)

Parent(s) Name(s): _____

Email: _____

Address (if different): _____ City: _____ State: _____ Zip _____

Phone(s): _____

IN CASE OF EMERGENCY CONTACT INFORMATION

ICE Name(s): _____

Relationship to participant: _____

Phone(s): _____

HEALTH INFORMATION

If participant has any disabilities, handicaps, current injuries, allergies, hemophilia, heart conditions, heart condition, history of respiratory illness, special dietary needs, etc; please list here.

MEDIA RELEASE

I, the undersigned, grant permission to Gateway Baptist Church or organizations acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in educational or promotional materials they may create.

Grant Permission **Deny permission**

LIABILITY RELEASE AND DISCLAIMER

I (parent or guardian on behalf of my minor child or student participant) acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the registration for the above named individual and permitting the voluntary participation in its programs, I hereby release, forever discharge, and hold harmless, the church, its employees, volunteers, and other representatives from any liability, claims, or demands arising out of or relating to any physical injury, sickness, or death as well as property damage and expenses,

PLEASE REVIEW YOUR INFORMATION FOR ACCURACY

PARTICIPANT (OR PARENT/GUARDIAN SIGNATURE):
