



CAMP REGISTRATION AND MEDICAL RELEASE FORM

Please read carefully and sign where indicated. Participants 18 or older do not need parental consent, but must fill out the form for camp files.

Participant's Name: _____ Birthdate: ____/____/____

School : _____

T-shirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL

Have you had any previous twirling experience? Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Emergency Contact: _____ Contact # (____) _____

Health Insurance Carrier: _____

Policy Number: _____ Insurance Phone # (____) _____

Is the participant currently under treatment for a medical condition? Yes No

If yes, please describe: _____

List all medications currently taken: _____

List any known allergies to medications: _____

PARTICIPANT'S AGREEMENT: I agree to adhere to the rules of United Twirling camp. I will cooperate with all staff and other campers. I understand how important safety is in the sports of gymnastics and baton twirling. I will do my best to protect myself and others from injury.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

PARENTAL CONSENT: I authorize the staff and officials to seek treatment for any injury or illness to my child while a participant of the event and also authorize the physician and/or hospital near the event site to perform treatment to any illness or injury to my child. I authorize payment for treatment, either personally or through our family health insurance. This participant is in good health and physically capable of participating in the camp. I agree not to hold Oakwood Baptist Church or the camp staff liable in the event of an injury.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CAMP FEE = \$65 IF \$35 DEPOSIT PAID BY DEC. 12, \$80 IF REGISTERING AFTER DEC. 12. SECOND CHILD IN FAMILY RECEIVES A \$15 DISCOUNT. PLEASE MAKE CHECKS PAYABLE TO UNITED TWIRLING. THANK YOU!