

Activity Participation Agreement for Sports Camp
Winter Park Christian Church PO Box 518, 274 Ponderosa Trail
Tabernash, CO 80478 970 887-9784

Winter Park Christian Church is sponsoring the Activity of Sports Camp 2021 on Thursday, July 18th and Friday, July 19th from 8:30 am to 2:30 pm for children who have completed Kindergarten through 6th grades at the Fraser Valley Sports Complex.

1) Name _____ Age _____ Grade completed _____ Birthdate _____

T-shirt size _____ Circle one sport preference Volleyball Soccer Baseball Martial Arts Basketball Floor Hockey

2) Name _____ Age _____ Grade completed _____ Birthdate _____

T-shirt size _____ Circle one sport preference Volleyball Soccer Baseball Martial Arts Basketball Floor Hockey

3) Name _____ Age _____ Grade completed _____ Birthdate _____

T-shirt size _____ Circle sport preference Volleyball Soccer Baseball Martial Arts Basketball Floor Hockey

Regularly attend church? _____ Where? _____

Parent(s)/Guardian(s) _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Emergency contact (other than parent) _____ Emer. Phone _____

List allergies or medical conditions _____

Is sponsor authorized to approve medical treatment? Circle one YES NO

Is participant covered by personal/family medical insurance? Circle one YES NO

If yes, name of insurer: _____

Policy or group number: _____

Signature needed on back

Participation Agreement:

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participations in and transportation to and from the Activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over the agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or ALL parents/guardians if participant is a minor)

Completed form may be emailed to spayne@wpcc4him.org.