

Pre-Register for

POWERPlay 2010

Return form to Putnam City Baptist ♦ 11401 N Rockwell

Please PRINT

Name _____ Phone _____

Address _____ Apt _____

City _____ State _____ Zip _____

Age _____ Birthday ___/___/___

Family E-mail _____

Circle GRADE COMPLETED: **K 1 2 3 4 5**

If you have a friend you want to be in the same group with, write his/her name here. (FULL NAME) _____

Parent/Guardian _____

Phone (HOME) _____ (WORK) _____

(MOBILE) _____

TENNIS SHOES
a smart choice
NO flip flops, please.

★ **ON THE BACK...**

Be sure to

Sign the Medical Release form.

A child may not participate without a parent or legal guardian signed medical release form on file.



ON THE BACK...

Sign the Photo Release form.



FOR YOUR CHILD'S SAFETY

we ask that you BRING YOUR CHILD INSIDE THE BUILDING

EACH EVENING AND COME INSIDE TO PICK THEM UP.

Please do not just drop them off in the parking lot.

• Do you attend Putnam City Baptist Church on Sundays? No Yes

• Do you attend another church weekly? No Yes
Where? _____

• How did you learn about POWERPlay?

- at PCBC
- From a PCBC Member or Friend
- Yard Sign Flyer Metro Family Magazine Newspaper
- Internet Radio Other _____

OVER ↪

Make copies and share with friends!

www.pcbeok.org

Please return signed medical release to the church by July 4.

- ♦ Fax to line set up to receive these forms - FAX 773-6917 or
- ♦ Bring it to the church weekdays between 8:30am - Noon and 1:00 - 5:00pm or
- ♦ Mail to Putnam City Baptist Church ♦ 11401 N Rockwell ♦ OKC, OK 73162.

SIGNED Medical Release MUST be on file for child to participate.

Medical Release for POWERPlay 2010

I, the undersigned parent/legal guardian, do hereby grant permission for my child to attend POWERPlay. In order that my child may receive the proper medical treatment in the event that they may sustain injury or illness during the period of POWERPlay, I hereby authorize the staff of POWERPlay to obtain or provide medical treatment for my child for such injury or illness during POWERPlay, and I hereby hold the staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain a more serious physical illness or injury while at POWERPlay. If this occurs, I hereby authorize the POWERPlay staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury they may sustain during POWERPlay.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by their participation, and I further release the sponsoring organization(s) and its representatives from any claims for personal illness or injury that my child may sustain during the camp.

♦ Child's Name: _____ Date: _____

♦ Signature of parent or guardian: _____ ★

♦ Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Name: _____

Relationship to child: _____ Home Phone: _____

Work: _____ Mobile: _____

♦ I further acknowledge and understand that my child will be responsible for failure to abide by the rules and regulations of the camp. Initials _____ ★

♦ I understand that my child's image may be included in a video or in photographs that may be made during POWERPlay. I consent that my child's image may appear on videos, promotional resources, church web site, etc. Initials _____ ★

♦ Additional Information we should know (allergies, medications, etc.)

