

HOW DO I SIGN UP?

www.churchofchicago.org/bcbc

The Church of Chicago

Mail:

P.O. Box 438556
Chicago, IL 60643-8556

Drop off: (Sundays Only) after 1:45 PM

10000 S. Kostner Ave. (Elim)
Oak Lawn, IL 60453

There are several ways to sign up and pay fee:

- www.churchofchicago.org/bcbc
- bring registration form and fee to: 10000 S. Kostner Ave., Oak Lawn, IL 60453
- mail registration form and fee to: P.O. Box 438556, Chicago, IL 60643

REGISTRATION INFORMATION:

REGISTRATION FEE:

Early Registration:	May 1st -- June 18th	cost \$25
Regular Registration:	June 19th -- June 30th	cost \$30
Late Registration:	July 1st -- July 9th	cost \$35

Please make checks payable to: The Church of Chicago

PROGRAM SCHEDULE:

CAMP DATES: July 8 - July 19, 2018

CAMP AGES: 3rd through 8th grades (boys and girls)

CAMP TIMES: 6:30 p.m. to 8:00 p.m., promptly

CAMP LOCATION: Morgan Park Academy
2153 W. 111th Street.
Chicago, IL 60643

FOR MORE INFORMATION:

CONTACT: Elder Joseph Okojie
773-672-7230 or connect@churchofchicago.org

Big City Basketball Camp 2019

PLAYER CONTACT & REGISTRATION INFO

Last name: _____

First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Father/Guardian Email: _____

Mother/Guardian Email: _____

Church: (if you regularly attend church, which one) _____

Player Information Notes: (if any) _____

Gender: _____ Grade (17-18 school year) _____ Date of Birth: ____/____/____

Shirt Size: (circle one) **YS YM YL YXL/AS AM AL AXL**

PARENT/GUARDIAN INFORMATION:

Father/Guardian: _____

Phone: _____

Mother/Guardian: _____

Phone: _____

Emergency Contact: _____

Phone: _____

OFFICE USE ONLY

PAYMENT INFORMATION:

AMOUNT PAID: _____

PAYMENT TYPE: _____

NOTES: _____

DATE _____

For a larger print version of these terms and conditions please visit www.churchofchicago.org/bcbc

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY. Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above named child, authorize the participation of any child in the Big City Basketball Camp (herein being referred to as BCBC) athletic program (the "Program") of the above-named Church. My child will participate in the BCBC sport denoted on this brochure.

I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of these privilege of my child's participation in the Program and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue the Church and all of the Church's and directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitations any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and expecting claims that may not be released under applicable law. This Release of Liability shall be broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the Church to use reproduce, distribute, display and to license others to use, reproduce distribute and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church for the sole purpose of advancing Church programs. I acknowledge and consent that registration will allow the Church/BCBC to obtain access to personal information regarding me and my child participant. I agree that the Church may use such personal information in a manner consistent with the Church's Conditions of Use and Privacy as amended from the time to time. I further understand that the current version of the Church's Conditions of Use and Privacy maybe found at www.churchofchicago.org/bcbc.

PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above named child, am not present to make medical decision, I hereby authorize the Church, its staff, volunteers including volunteer parent participants coaches, and assistant coaches, and referrers, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance of the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

Signature: _____

Printed Name: _____

Date: _____