

# Cornerstone Academy Sports Camps 2019-20

Please list Sports Camp you wish to attend: \_\_\_\_\_

## **CHILD'S INFORMATION:**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender: M \_\_\_\_\_ F: \_\_\_\_\_ School: \_\_\_\_\_  
Grade in 2019-20: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ (As of May 31, 2019)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **PARENT/GUARDIAN - CONTACT INFORMATION:**

Parent/Guardian #1:  
Name: \_\_\_\_\_ Ms./Mr./Mrs. (Circle One)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2  
Name: \_\_\_\_\_ Ms./Mr./Mrs. (Circle One)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Person Responsible for Fees: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION - ALTERNATE PICKUP/RELEASE CONTACT**

Emergency Contact #1  
Name: \_\_\_\_\_ Ms./Mr./Mrs. (Circle One)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Emergency Contact #2  
Name: \_\_\_\_\_ Ms./Mr./Mrs. (Circle One)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Please list **ALL** Individual's authorized to pick up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### MEDICAL RELEASE INFORMATION:

Name of Health Insurance Provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Please list **ALL** medical concerns, including any requiring maintenance medication (i.e. asthma, diabetes, seizure, allergies, et cetera) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child being treated for an injury or sickness, or taking any form of medication for any reason?

YES \_\_\_\_ or NO \_\_\_\_ (if yes, please describe) \_\_\_\_\_

\_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

\_\_\_\_\_

List Medical Problems: \_\_\_\_\_

\_\_\_\_\_

List Required Treatment: \_\_\_\_\_

\_\_\_\_\_

Should Paramedic be called if issues occur? YES \_\_\_\_ or NO \_\_\_\_

### Cornerstone Academy Sports Camp IN CASE OF MEDICAL EMERGENCY:

I understand that I will be notified in the case of medical emergency involving my child. If I cannot be reached, I authorize CA Sports Camp to call a doctor and to provide necessary medical services in the event my child is injured or becomes ill.

**Parent/Guardian Initials:** \_\_\_\_\_

I understand that CA Sports Camp will not be responsible for the medical expenses incurred in seeking treatment for my child. Medical or other expenses will be my responsibility as parent/guardian.

**Parent/Guardian Initials:** \_\_\_\_\_

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## CAMP PAYMENT INFORMATION

There is a **\$5.00 NON\_REFUNDABLE registration fee payable to M. Coker**. This fee is due with your child's application **for each camp** they are registered to attend. **ALL camp tuitions are due on or before May 31, 2019**. If the balance is not paid in full by the deadline, your child's seat in camp will be cancelled and offered to another camper on the waiting list. Please make your check payable to Matthew Coker.

Payment refunds (except for the non-refundable registration fee) will be made up to five (5) days prior to the start of camp for cancellations. After that time, no refunds will be made. In order to be fair to all our valued campers and parents, no exceptions will be made to this policy. If a camp is cancelled by the Cornerstone Academy Athletic Department, the full tuition for that camp will be refunded, however; this does not include the \$5.00 non-refundable registration fee.

## TERMS OF AGREEMENT

Photo Release:

I hereby give permission for my child to be photographed during the Cornerstone Academy Sports Camp. I understand the photos will be used to keep a journal of activities, to share during the Power Point presentations, to report to our donors, and for promotional purposes including flyers, brochures, newspapers, or internet. I understand that although my child's photograph may be used for advertising, their identity will not be disclosed. I do not expect compensation and agree that all photos are the property of Cornerstone Academy Sports Camp and its affiliates.

**Parent/Guardian Initials:** \_\_\_\_\_

Cornerstone Academy Sports Camp and its coaches are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician's orders. Children's photos and quotes may be used for publicity purposes. In case of emergency, and if a family physician cannot be reached, I authorize the treatment of my child by Certified Emergency Personnel, i.e. EMT, First Responder, and/or Physician.

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name Of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_