



KAMP OF CHAMPIONS REGISTRATION FORM
July 9 – 12, 2012 9AM – 12PM
BRAINERD HIGH SCHOOL GYMNASIUM
Sponsored by Kappa Alpha Psi Fraternity, Inc
Registration Deadline: Sunday, July 1, 2012
Children ages 10-18

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

E-Mail address: _____

Age: _____ Last School Grade Completed: _____ Male/Female: _____

Parent/Guardian(s) Name: _____

Home Phone: _____ Work: _____ Cell: _____

In Case of Emergency, contact _____ Phone: _____

_____ Phone: _____

Special concerns (allergies, medications, medical conditions, etc.) _____

Health Insurance Company _____ Phone: _____

Group Number: _____ ID Number: _____

Physician's Name: _____ Phone: _____

Person(s) authorized to pick up child: _____

Note: For safety, no children will be permitted to leave the building unattended. You must enter the building to pick children up in the gym area.

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend KAMP of Champions. In order that my child may receive the proper medical attention in the event that he/she sustain injury or illness during KAMP of Champions, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff, Hamilton County Schools, Brainerd High School, the sponsoring organizations, 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 physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and its 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 son/daughter for physical illness or injury that he/she may sustain during the camp.

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 his/her participation, and I further release the sponsoring organization and its representatives of any claims for personal illness or injury that my child may sustain during the camp.

I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Parent/Guardian Name: _____

Date: _____ Signature: _____

T-Shirt size (circle one)

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

Please note: We often take pictures during activities. If you would prefer that your child's picture not be used on any of KAMP of Champions promotional materials, please mark this box.

The logo for KAMP of CHAMPIONS features the word "KAMP" in large, bold, red letters with a white outline, and "of CHAMPIONS" in smaller, grey letters below it. The text is set against a background of red and grey diagonal stripes that create a sense of motion and depth.

REGISTRATION INFORMATION

Payment of the \$40 per child is due with registration.

Please make checks payable to BBAS

Mail registration form by Sunday, July 1, 2012 to

2611 E. 5th Street,

Chattanooga, TN 37404

For questions or additional forms:

Contact Levar R. Brown at (423) 451-6873 or levarbrown@msn.com