

MOV MEGA CAMP 2023 REGISTRATION

JULY 10-14

6-9PM

AT WOOD COUNTY CHRISTIAN SCHOOL

**Cost Before June 25th:
\$15 Per Child
\$40 Max Per Family**

**Cost After June 25th:
\$20 Per Child
\$50 Max Per Family**

Parent/Guardian Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email Address _____

Cell Phone _____ **Home Phone** _____

Person(s) Authorized To Pick Up _____

Other Emergency Contact _____ **Emergency Phone** _____

Children Entering Grades 1-2

This age group will rotate through the different sports during the week.

Child's Name (First and Last)				
Grade Entering				
Shirt Size (Check One Per Child)				
Child Small (6-8)				
Child Med (10-12)				
Child Large (14-16)				
Adult Small				
Adult Med				
Adult Large				

Children Entering Grades 3-7

Each child chooses one sport to participate in all week.

Child's Name (First and Last)				
Grade Entering				
Activity (Check One Per Child)				
*Basketball				
*Softball				
*Baseball				
Cheer				
Football				
*Soccer				
Volleyball				
Shirt Size (Check One Per Child)				
Child Small (6-8)				
Child Med (10-12)				
Child Large (14-16)				
Adult Small				
Adult Med				
Adult Large				

***NOTES**
If owned, bring equipment labeled with your name.

Soccer (ball & shin guards)
Baseball/Softball (glove)
Basketball (non-marking shoes)

How did you hear about MOV Mega Camp?

Checks may be dropped off or mailed to:
Freedom Gate Church
104 Tennis Center Drive
Marietta, OH 45750

Make checks payable to Freedom Gate Church.

MOVMEGACAMP.COM

Email: info@fgc.life Facebook: movmegacamp

For financial assistance please call: (740)373-0867

MOV MEGA Camp Medical Waiver

I, the undersigned parent/guardian, do hereby grant permission for my child/ren, to attend MOV MEGA Camp. I understand that there is a possibility my child/ren may sustain illness or injury while at camp and I acknowledge and understand that my child is assuming the risk of such illness or injury by participating. If this occurs, I hereby authorize the camp staff and/or representatives, to obtain any necessary medical treatment, including but not limited to transport to the hospital. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child during camp. I further release the camp staff, Freedom Gate Church, Wood County Christian School, as well as their representatives, from any claims for illness or injury sustained during camp or in relation to any medical treatment.

Name of Parent or Guardian: _____

Signature: _____ Date: _____

Does your child/ren have any Special Concerns (allergies, medications, medical conditions, etc.)?

Name: _____ Special Concerns: _____

Name: _____ Special Concerns: _____

Name: _____ Special Concerns: _____

Name: _____ Special Concerns: _____

PHOTO/VIDEO RELEASE

_____ I give permission for images/videos of my child/ren to be used by MOV MEGA Camp and Freedom Gate Church, online and in print, and waive any rights of compensation or ownership.

_____ I do NOT give permission for images/videos of my child/ren to be used by MOV MEGA Camp and Freedom Gate Church, online or in print, and waive any rights of compensation or ownership thereto.

Name of child/ren: _____

Name of Parent of Guardian: _____

Signature: _____ Date: _____