

# Photographic Use Permission

The San Diego Grace Brethren Church will be taking pictures of Soccer Camp 2017 for potential use in up-coming promotional flyers and church slide-shows. In order to use your family's photos, please fill out the usage permission form.

\_\_\_ I give permission for photographs taken of my family to be used in SDGBC promotional material.

Family Name: \_\_\_\_\_  
Adult: \_\_\_\_\_  
Adult: \_\_\_\_\_  
Child: \_\_\_\_\_  
Child: \_\_\_\_\_  
Child: \_\_\_\_\_  
Child: \_\_\_\_\_

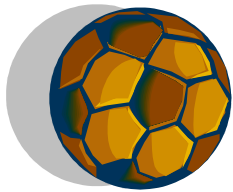
\_\_\_ The following people may not have their photos used in promotional material at this time:

\_\_\_\_\_

\_\_\_ I do not give permission for photographs taken of my family to be used in SDGBC promotional material.

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature - \_\_\_\_\_



## Registration for Grace Brethren Church Soccer Camp 2017

Please complete a separate registration form for each individual child

Child's Name: \_\_\_\_\_

Gender: M F Grade (Fall 2017): \_\_\_\_ Age: \_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Contact: \_\_\_\_\_

What church do you presently attend?: \_\_\_\_\_

### Soccer Camp Medical Release

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the camper under physician's care? \_\_\_\_\_

Does the camper take medication now? \_\_\_\_\_

Does the camper wear corrective lenses? \_\_\_\_\_

Does the camper need participation limits? \_\_\_\_\_

Does the camper have any allergies? \_\_\_\_\_

Please explain any "yes" answers on the back of this registration.

I hereby give my consent for San Diego Grace Brethren Church (SDGBC) to use any emergency care as decided by the camp personnel. I assume full financial and medical responsibility should any accident occur during the camp. I also give my consent and authorize SDGBC to obtain, through a physician of their choice, such medical care as is reasonably necessary for their welfare if the above listed participant is injured during the Soccer Camp. By signing below, I am waiving my right to begin any legal action should the above listed participant become injured during the SDGBC Soccer Camp.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Guardian

Name: \_\_\_\_\_