

<b>CTK BASKETBALL CAMP</b> July 7-10, 2025; 5:30 pm - 7:30 pm Girls - Grade 6th—8th 16700 Pennsylvania Rd., Southgate	CTK
	OIR
Child's Full Name:	
Grade just completed: DOB:	
Allergies/Medical Concerns?	
Parent/Guardian Name:	
Address:	
Best Contact Phone #:	
Email Address:	
Emergency Contact Name: Phone:	
Siblings attending camp:	
I agree to let my child's picture be used in publicity for Christ The King Lutheran Church - Yes/No (circle one please)	
"By signing this form, I, as the parent/guardian of this registered child, acknowledge that participation in this youth basketball camp involves inherent risks, including but not limited to injury. I authorize my child to participate in all camp activities and authorize the camp staff to seek necessary emergency medical treatment in case of injury. I hereby release and hold harmless Christ The King Lutheran Church & School, its staff, and volunteers from any liability for injuries or damages that may occur during the camp, to the fullest extent permit- ted by law. I understand that I am responsible for any medical expens- es incurred."	

Parent/Guardian Signature