



# 2025 Sports Camp Participants Release & Waiver of Liability Form

**When:** Tuesday; July 29 – Thursday; July 31, 2025 9-11:30 a.m.

**Where:** Pikeside, 25 Paynes Ford Road; Martinsburg WV 25405

**Who:** Ages 4-12 years \*\* **SPACE IS LIMITED TO 24 PARTICIPANTS**

**Cost:** \$10 donation to support Pikeside Children’s Ministries

**Form & Payment:** Mail to: Pikeside, 25 Paynes Ford Road; Martinsburg WV 25405

**Questions:** Contact Caleb Darrell @ [pumcsportscamp@gmail.com](mailto:pumcsportscamp@gmail.com) or 304-263-4633

### YOUTH INFORMATION (please print)

Youth’s Name \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_ School \_\_\_\_\_ Male/Female \_\_\_\_\_

Primary Address \_\_\_\_\_

Youth’s Email \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

List ALL parent/guardians phone numbers in the **best order to be reached** (please specify type i.e. home, dad’s cell):

Phone #1 \_\_\_\_\_ Type? \_\_\_\_\_

Phone #2 \_\_\_\_\_ Type? \_\_\_\_\_

Phone #3 \_\_\_\_\_ Type? \_\_\_\_\_

Phone #4 \_\_\_\_\_ Type? \_\_\_\_\_

Phone #5 \_\_\_\_\_ Type? \_\_\_\_\_

### NON-PARENT EMERGENCY CONTACTS

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_



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**PARENTAL CONSENT** (Read and sign below)

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in the Pikeside Summer Sports Camp during the period of Tuesday; July 29 - Thursday; July 31, 2025.

**LIABILITY RELEASE:** In consideration of Pikeside allowing the Participant to participate in this sports camp, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Pikeside UMC's, its pastors, directors, trustees, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone (21 years of age or older) while attending and participating in activities sponsored by Pikeside UMC. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

**PHOTO PERMISSION:** During this sports camp, staff or volunteers will sometimes take photos or video of people participating in various activities. These images may be used by Pikeside UMC for online and/or print publications. Youth will not be identified by name in publications.

- Yes. I give permission for my child's photos to be used as described.
- No. I do not want such images published of my child.

X \_\_\_\_\_  
Signature of Parent/Guardian Date



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### MEDICAL INFORMATION

#### YOUTH INFORMATION *(Please Print)*

Youth's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

#### PRIMARY CARE PHYSICIAN

Physician's Name \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax \_\_\_\_\_

Name of practice \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

#### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

**COPY OF INSURANCE CARD (REQUIRED)**—Paste/attach copy here:



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**MEDICATION:**

List all medications the youth will take **during** the sports camp. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 are required to give **ALL MEDICATIONS** to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication during a youth event. If this occurs, the youth will be sent home immediately at the parent/guardian's expense.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent Signature \_\_\_\_\_

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
  
Parent Signature \_\_\_\_\_



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**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions of youth (asthma, knee injury, epilepsy, wears contacts, etc.):
2. List any allergies and the severity and type of reaction (drug/medicine, food, environmental):
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

### *Youth Ministry Covenant of Community Expectations*

The following rules and guidelines are equally binding for youth and adult leaders/chaperones.

#### NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.

#### GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.