

**Stony Brook Christian Assembly**

**400 Nicolls Road**

**Stony Brook, NY 11733**

**(631)689-1127**

**www.stonybrookchristian.com**

**Mega Sports Camp Permission Slip**

Dear Parents,

We are delighted that your son/daughter will be joining us for Mega Sports Camp. We have an exciting week planned full of fun and lots of activity. In the unlikely event of an emergency, this form will serve to give us permission to take care of your child and give us the necessary emergency information as well. Thank you again for joining us this year!!!

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (the "minor"), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by **Mega Sports Camp**, in conjunction with Stony Brook Christian Assembly (hereinafter collectively referred to as the "Church") hereby acknowledge and agree that I give my consent for the minor to participate in the Activities and to remain in the custody of the Church's representatives while participating in the Activities. I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the minor's participation in the Activities and fully understand and assume such risks on his or her behalf. I the undersigned parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that may involve risk which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. I hereby release, discharge, covenants to indemnify and not to sue the Church, its affiliated organizations and sponsors, their volunteers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Activities and/or being transported to or from the same, which participation and transportation, after careful consideration I hereby authorize. I understand that this is a full and complete release of all injuries and damages which I or the minor may sustain as a result of his or her participation in any of the activities, regardless of the specific cause thereof. This agreement is binding on the minor's heirs, successors, and personal representatives.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY**

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint: **MSC Ministries at Stony Brook Christian Assembly** as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Valid for named minor during the period from \_\_\_\_\_ to \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Insurance Coverage: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Specific medical allergies, chronic illness or other conditions: (Please use back of form if needed)

\_\_\_\_\_

\_\_\_\_\_