



Young Americans Christian School
 1701 Honey Creek Road SE, Conyers, GA 30013
 Phone: 770-760-7902 Fax: 770-760-7981
 Visit us at www.yacs.us



Sports Camp Form
 (Please print)

Student's Name _____
 Age _____ Date of Birth _____ For school year _____ Grade _____
 Parent/Guardian _____
 Address _____ City _____
 Home Phone (____) _____ Work Phone (____) _____
 Cell Phone (____) _____ Student's T-Shirt Size _____
 Camp(s) Registered For _____ Gym Shorts Size _____
 Amount Enclosed \$ _____ Make checks payable to YACS.

Please return form with payment to the school office ASAP - Attn: Steve Vineyard

Release Form and Medical Insurance Information

In consideration for being accepted into Young Americans Christian School for participation in all approved activities involved in said camp, I being 21 years of age or older, do for myself and on behalf of my child hereby release, forever discharge, and agree to hold harmless Young Americans Christian School and the directors, staff, or coaches thereof from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever may be incurred by the undersigned and the child that occur while said child is participating in this activity.

Furthermore, I and on behalf of my child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in this recreation and activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify Young Americans Christian School, its directors, staff, coaches, and agents, for any liability sustained by Young Americans Christian School as the result of the negligent, willful or intentional acts of said child, including expenses incurred thereto.

I am the parent or legal guardian of this child and hereby grant my permission for him to participate fully in said sports camp, and hereby give my permission to take my child to a doctor or hospital and hereby authorize any medical treatment including but not limited to emergency surgery, and assume the responsibilities of all medical bills, if any. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I hereby assume responsibility for transportation home.

Emergency Contact Person _____
 Emergency Phone Numbers (Home) _____ (Cell) _____
 Insurance Co. _____ Policy# _____
 Hospital Insurance: yes _____ no _____ Group# _____
 Child's Physician _____ Physician's Phone # _____
 Does your child have any allergies or is he/she on any medications? _____
 If yes, please list medications. _____
 Does our staff have permission to administer First Aid to minor accidents: Yes _____ No _____
 Can your child have Tylenol? Child strength _____ Regular strength _____ Extra strength _____
 Parent/Guardian Signature _____ Date _____