



Midwest Christian Boys'

August 6-11, 2017

FOOTBALL CAMP 2017

Name: _____ DOB: _____ Age: _____

Address: _____ Helmet Size: (circle one) S M L XL

City: _____ State: _____ Zip: _____ Email: _____

Church Name: _____ Pastor: _____

Height: _____ Ft. _____ In. Weight: _____ Lbs. Experience: (circle all that apply) None Pop Warner High School MCBFC _____ years

Father: _____ Mother: _____ Home Phone: _____

Emergency Phone: _____ Date of Last Tetanus Shot: _____

Medical Allergies: _____

Other Allergies: _____

Current Medications: _____

Special Physical Condition: _____

Insurance Company: _____ Policy Holder's Name: _____

Holder's Social Security #: _____ Holder's DOB _____ Holder's Employer: _____

Cost: \$325 per camper (You can save \$25 per camper if you register before June 1st!)
(Before June 1st, cost is \$300 • After June 1st \$325)

To Register: Send a \$50 non-refundable check made payable to "MCB Football Camp" along with a completed registration form and signed authorization to:

First Baptist Church • 401 N. Clinton Street, Dwight, IL 60420

☎ 815.584.3182 📠 815.584.1867 🌐 www.knowfearfootball.org

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Check-in and outfitting of equipment will begin at 2:00pm on

Sunday, August 6, 2017

First Baptist Church

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Medical Authorization

"I authorize _____ (name of adult attending camp with your child) to act for me according to his best judgment in any emergency requiring medical attention. I will not hold the camp, camp staff, or the host church liable for any injuries incurred by my child. I also understand that in the event of a medical emergency, my insurance will be the primary carrier and any insurance by the camp or host church is purely secondary."

Signature of Parent or Legal Guardian

Date

Camper Code of Conduct

No alcoholic beverages, tobacco in any form, radios, electronic devices, books or magazines, knives, pets, fireworks, non-prescription drugs, or weapons of any kind are allowed at camp. No see-through or mesh-like material shirts, shirts with questionable pictures or emblems, or sleeveless shirts are allowed. Knee-length shorts are allowed for swimming and sleepwear only. No earrings or necklaces. Hair must be off the ears and collar. No rat tails. No facial hair. Cell phones must be checked into the camp office.

Any camper failing to abide by the camp rules or unwilling to cooperate with camp authorities will be sent home at the individual's own expense.

"I understand and agree to comply with the Camper Code of Conduct for Man Camp."

Signature of Camper

Date

Please Note:

- You must have health insurance to attend camp. (Include a photocopy of your insurance card with your registration information)
- MCBFC is limited in the number of campers that can attend.
- Registrations are accepted on a first-come-first-serve basis.
- After registering please download the Man Camp Conditioning Schedule and Playbook.

Man Camp 2017 check-in and outfitting of equipment will begin at 2:00pm on Sunday, August 6, 2017.

What to bring

Sleeping Bag & Pillow

Towels & Washcloths

Soap, Shampoo, & Deodorant

Bible (KJV Only)

Fitted Mouthpiece

Athletic Supporter

Toothbrush & Toothpaste

Money for Offerings, Camp Pictures, and Camp Store

Shower Shoes (required)

Old XL shirts or jerseys for practices

Old T-Shirts for under pads

Loose fitting athletic pants

Football Cleats

First Baptist Church

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Dear Parents and/or Guardians,

It is an honor and privilege to serve your children as they attend Midwest Christian Boys' Football Camp (MCBFC). As members of the medical staff, we go to great lengths to ensure the safety of your children. We spend much time in prayer and preparation prior to and during camp activities. As we strive to meet the health needs of all those whom attend MCBFC, we recognize that occasionally certain over-the-counter medications may be helpful for minor ailments. Please read and check the appropriate spaces below.

I hereby give permission for my child _____ to receive the following medications: (Check appropriate spaces)

- Tylenol (Acetaminophen)-Minor aches and pains
- Advil (Ibuprofen)-Minor aches and pains
- Benadryl (Diphenhydramine)-Allergies or allergic reactions




Parent or Guardian's Signature _____

Please mail this with the camper registration forms to the First Baptist Church office. Thank you for your time and attention with this matter. We are looking forward to a wonderful week at MCBFC!

Sincerely,
MCBFC Medical Staff

First Baptist Church

401 N. Clinton Street, Dwight, IL 60420

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MIDWEST CHRISTIAN BOYS' FOOTBALL CAMP LIABILITY WAIVER

READ BEFORE SIGNING !!!

ACKNOWLEDGMENT OF RISK and WAIVE OF LIABILITY

I acknowledge and fully understand that I will be participating and engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used. I further acknowledge and understand that there may be other unknown risks not reasonably foreseeable at this time and agree to assume all the foregoing risk and accept personal responsibility for the damages following any such injury, permanent disability or death, and hereby forever release, discharge, and covenant not to sue and/or otherwise indemnify Midwest Christian Boys' Football Camp or the First Baptist Church of Dwight, Illinois, their affiliated organizations and sponsors, coaches, managers, employees and associated personnel, officers, directors, agents, including the owners of premises used to conduct the camp from any and all liability to me, my heirs or next of kin for any and all against any claim by or on my behalf as a result of my participation in the Midwest Christian Boys' Football Camp and/or transportation to or from the same.

I hereby agree to individually provide for all present and possible future medical expenses that I may incur as a result of any injury sustained while participating at or for MCBFC.

I have read and understand this acknowledgment of risk and waive of responsibility and I voluntarily affix my name in acceptance of all risks associated with my participation.

Camper's Name (Please Print)

Camper's Signature

Date

Signature of Parent or Guardian

Date

**It is very important to sign and return to:

First Baptist Church
Attn: MCBFC
401 North Clinton Street
Dwight, IL 60420

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