

A2E SUMMER SPORTS CAMP PARTICIPANT REGISTRATION

PLEASE MAIL OR DROP-OFF COMPLETED FORMS TO:

Bethany Lutheran Church

11475 E Outer Dr
Detroit MI 48224-3226
313.885.7721

Forms may be dropped off at the church office
between 9 a.m. and 4 p.m., Monday through Friday

Dates: June 16-20, 2025
5—7:30pm

Camp Location: Corrigan Park
5151 Alter Rd
Detroit MI 48224



*Fields Required

PARTICIPANT GENERAL INFO:

*Gender: Male Female

*(Grade '25/'26 school year)

*(Last Name)

*(First Name)

(Middle Initial)

(Parent's Name: Mother)

(Parent's Name: Father)

*(Address)

*(City)

*(Zip)

*(Home Phone)

(Cell Phone)

*(Parent/Guardian Email)

(Second Parent/Guardian Email—if applicable)

*(Emergency Contact)

*(Emergency Contact Phone)

*(Relationship)

Check here to receive future communications on events, news, happenings and other updates from A2E Ministries and the Michigan District, LCMS.

MEDICAL/HEALTH CONCERNS:

Please list any medical conditions camp personnel should be aware of:

Please list any current medications:

Please list any allergies:

SHIRT SIZE: (circle one; Y=youth size; A=adult size)

YS YM AS AM AL AXL A2X A3X

(OVER)

Please read and sign reverse side before submitting form.



Participant Name: _____

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.
NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the A2E Sports Camp of the Michigan District of The Lutheran Church—Missouri Synod. My child will participate in the sports and activities denoted on this flyer. I understand that this Program is a nonprofit Christian ministry program for youth and that my child's participation is voluntary. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Michigan District and all of the District's directors, officers, employees, volunteers, insurers, agents, and representatives, and all other persons associated with the Program as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care, or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

VIDEO / AUDIO / PHOTO ACKNOWLEDGEMENT

I hereby acknowledge that all right, title, and interest in the video(s), audio recording(s) and/or photograph(s) in which my child has participated, being original works, belong to the Michigan District of The Lutheran Church—Missouri Synod and that the said video(s), audio recording(s), and/or photograph(s), its titles and all other constituents were prepared under the direction or control of the Michigan District of The Lutheran Church—Missouri Synod.

I hereby acknowledge that the video(s), audio recording(s) and/or photograph(s) may be used during public presentations including but not limited to: special events about or for A2E Sports Camp of the Michigan District of The Lutheran Church—Missouri Synod, web media both live and on-demand, and other various electronic media.

I hereby release Michigan District of The Lutheran Church—Missouri Synod from all claims which I may have now or in the future for compensation of any kind arising out of the child's participation in the said video(s), audio recording(s) and/or photograph(s) and acknowledge that the Michigan District of The Lutheran Church—Missouri Synod may use the video(s), audio recording(s), and/or photograph(s) in such fashion and distribute to such person as they may in their sole discretion decide.

I am the parent/guardian of the above-named child, and I hereby consent to the use of any video(s), audio recording(s) and/or photograph(s) of the named child in accordance with the terms of the above release which I have executed both on my behalf and on behalf of the named child above.

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Michigan District or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Michigan District determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Michigan District may determine that my child cannot be permitted to participate. I understand and agree that, while the Michigan District desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Michigan District, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors, and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that **I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Audio/Video/Photo Release, Medical Conditions, and Consent to Medical Treatment.** Each responsible parent/guardian should sign.

Signature: _____

Printed name: _____

Date: ____/____/____

Signature: _____

Printed name: _____

Date: ____/____/____

If only one parent/guardian signs this form, the following must also be signed: I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: _____

Printed name: _____

Date: ____/____/____