



2009 FCA TRACKSIDE CAMP PARTICIPANT & GUARDIAN REGISTRATION FORM – JULY 19TH

All information is mandatory!

PARTICIPANT'S NAME _____

ADDRESS _____

HOME PHONE _____ SCHOOL NAME _____

PARENT/GUARDIAN _____ RELATION _____

ADDRESS (if dif.) _____

WORK PHONE _____ CELL PHONE _____

EMAIL _____

HOME CHURCH _____ BIRTHDATE _____

AGE _____ GRADE IN FALL _____ MALE _____ FEMALE _____

If parent/guardian cannot be reached, in emergency call:

NAME _____ RELATION _____

HOME PHONE _____ CELL/WORK _____

MEDICAL RELEASE FORM

Pediatrition/Physician _____

Phone _____ City, State _____

Insurance Company _____

Policy No. _____ Policy Holder _____

I understand that, in the event of an emergency, FCA MX will make every effort to contact those people listed on this form. In the event that FCA MX is unable to contact myself, or the designated emergency contact, I give my permission to the physician selected by the camp management to secure treatment for my child as named on this form.



I understand that completion of this medical form with my signature grants the above named camper participation in a FCA MX program. I release FCA MX staff, faculty, officers, and management from any liability and shall not be held responsible for any articles lost, stolen, or left at camp. FCA MX has my permission to use any video or photos taken of my child while attending or participating in a camp program to promote FCA MX and the event holder.

FCA MX insurance does not provide camper medical coverage. *Must be signed by Participant and Parent!*

Parent / Guardian Signature _____ Date _____

Participant Signature _____ Date _____

FINANCIAL INFORMATION

Participant Fee (\$105) \$ _____

TOTAL \$ _____

Bike Size (ex. 80cc, 125 2stroke, 450 4stroke etc.) _____

Please indicate T-Shirt size(s):

___ Adult XXL ___ Adult XL ___ Adult Large ___ Adult Med.

___ Adult Sm. ___ Youth XL ___ Youth Large ___ Youth Med. ___ Youth Sm.

Important Note:

All huddle leaders, assistant huddle leaders and participating parents must have completed FCA's Ministry Leader Application. If completed in the past, please note that the MLA is good for three years. To renew or complete the MLA, please visit www.fcaml.com and you will find the MLA Application on the home page. FCA MX office will verify your application prior to camp.

Make Check Payable to: ERX

Credit Card Information:

Credit Card Type: _____ Name on Card: _____



Card Number: _____ Exp. Date: _____

Billing Address for this Card: _____

Mail forms to: Sportech Inc. attn: Katie Kreuser - 10800 175th Ave. NW, Elk River, MN 55330

Fax forms to: 763-712-3964

Or Email to: kkreuser@sportechinc.com

OFFICE USE ONLY Name on check: _____

Check No. _____ Amount: \$ _____ Date: _____