



REGISTRATION AND RELEASE FORM

**Please complete and sign the form. Please mail form with \$35.00 deposit to:
Motocross for Christ, 111 Memory Lane, Telford, Pennsylvania, 18969**

Check should be made payable to Motocross for Christ please date the check for the camp date you will be attending, (ex. June 24, 2018 or June 27, 2018). The deposit will be returned during the check-in process. The deposit is required to reserve your child's spot. The camp is free to the children and families that participate. We have space for 60 children.

Please complete the form with your child's information, **it is necessary to complete 1 form for each child attending camp.**

CIRCLE CAMP DATE: June 24, 2018 (Registration: 6:00 P.M.) to June 27, 2018 (Dismissal: 12:00 noon); or

June 27, 2018 (Registration: 6:00 P.M. to June 30, 2018 (Dismissal: 12:00 noon)

Childs Name: _____ Childs Age: _____ Gender (Please Circle): M or FM

Child's Shirt Size (Place Circle) – Youth or Adult Small / Medium / Large / Extra Large

DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL NEEDS THAT NEED TO BE ADDRESSED, OR MEDICIANS THAT NEED TO BE GIVEN DURING CAMP (DIABETIC / ASTHMA)?

Allergies: _____ Any Dietary / Special Restrictions: _____

Medications (Dose / Times) _____

<p>MOTORCYCLE EXPERIENCE – NUMBER OF YEARS RIDING: _____ WHAT CLASS DO YOU RACE: A B C</p> <p>RACING EXPERIENCE – NUMBER OF YEARS RACING: _____</p> <p>ENGINE SIZE and BIKE NUMBER: _____</p> <p>DO YOU HAVE A MOTORCYCLE? YES or NO (PLEASE CIRCLE)</p> <p style="text-align: center;">ATV WILL NOT BE PERMITTED AT CAMP THIS YEAR!</p>

<p>Contact Information (All blanks in this section must be completed to process the Registration &Release Form)</p> <p>Parent(s) Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Email Address: _____</p>
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