



REGISTRATION FORM

1Died4All Baseball Camp | June 16 - 18, 2026 | 9 am - 2 pm
Nansemond River HS | 3301 Nansemond Parkway, Suffolk, VA 23434

"For Christ's love compels us, because we are convinced that one died for all, and therefore all died. And he died for all, that those who live should no longer live for themselves but for him who died for them and was raised again." —
2 Corinthians 5:14-15

Attendee Information

ATTENDEE INFORMATION (NAME: FIRST MIDDLE LAST)

ADDRESS

EMAIL

PHONE

GENDER

BIRTHDATE

GRADE

WHAT SCHOOL DOES THE CAMPER ATTEND?

MEDICAL NOTES

Emergency Contact & Parent/Guardian

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

PRIMARY ADULT OR GUARDIAN NAME (FIRST, MIDDLE, LAST)

PRIMARY GUARDIAN CELL #

PRIMARY GUARDIAN HOME PHONE (IF DIFFERENT FROM CELL)

1Died4All.com

Camper T-Shirt (Circle Size)

YOUTH: S M L ADULT: S M L XL 2XL

Transportation & Release Information

PLEASE INDICATE HOW YOUR CAMPER WILL BE TRANSPORTED TO AND FROM CAMP:

NAME OF THE PERSON OR PERSONS OTHER THAN PARENT TO WHOM WE MAY RELEASE YOUR CHILD (PLEASE INCLUDE PHONE NUMBER):

IS THERE ADDITIONAL INFORMATION THAT WE NEED TO KNOW? (E.G. ORDERS OF PROTECTION, ETC.)

Medical Information

In anticipation of my child's participation in the camp program, I certify that I have consulted with my child's physician and that my child has been medically cleared for camp-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

MEDICAL INSURANCE CARRIER & POLICY #

LIST ANY MEDICAL CONDITION OR HISTORY THAT WOULD REQUIRE SPECIAL ATTENTION (E.G., MEDICATION OR FOOD ALLERGIES, ASTHMA, DIABETES, EPILEPSY); ALSO, PLEASE PROVIDE TREATMENT PROTOCOL (E.G., INHALER, EPIPEN, INSULIN):

By checking "yes" below, I give permission for my child to receive emergency treatment. I understand that reasonable attempts will be made to contact me, or the emergency contact listed in this registration form, before taking this action.

I AGREE (YES)

Parent/Guardian Form

By checking "yes" in the box below, I, the camper's parent/legal guardian, understand the nature of camp activities, certify that the camper is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, i hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless Trinity Church, 1Died4All, Nansemond River High School and Suffolk Punlic Schools, its trustees, Officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

I AGREE (YES)

Photographs and images from 1Died4All will be used for further marketing and publication materials. By continuing with registration, you are releasing those images to be used.

PARENT/GUARDIAN SIGNATURE

DATE

Thank you for registering for the **1Died4All Baseball Camp!**
1Died4All.com | June 16-18, 2026

Visit 1Died4All.com for more information