



SPORTS CAMP • 2019

Westview Southern Baptist Church

BOYS AND GIRLS

Ages 4-12

Bring a friend and enjoy these sports:

- Boys & Girls Basketball
- Boys & Girls Soccer
- Boys & Girls Ultimate Frisbee
- Cheerleading
- Team 45 (4&5 year olds)

FEATURING:

- Christian Coaches
- Quality Sports Instruction
- Positive Role Models
- Daily Bible Times
- Skits and Fun

Date: June 17-21

EVERY CAMPER RECEIVES:

- A Camp T-shirt • Collector's Pin Daily
- Take-Home Bible Studies

To Register Call 431-4854

Email westviewbaptist@sbcglobal.net Camp Cost \$15

Camp Dates/Time June 17-21 5:00-8:15 pm

Camp Location 1415 S. Plummer Ave

Website chanutewsbc.com

Sports Camp Registration Medical Release Form

For Office Use Only

Paid: Cash / Check # _____

Form signed _____

Entered on roster _____

Registration Form

Circle Your Choice (only choose one):

Basketball Cheer Ultimate Soccer Team 45

Other: _____

Shirt Size: YXS YS YM YL AS AM AL AXL

NAME	AGE	GRADE	BIRTHDATE / /	CIRCLE ONE M F
ADDRESS			HOME PHONE	
CITY	STATE	ZIP	CELL OR DAYTIME PHONE	
PARENT(S) NAME		EMERGENCY CONTACT & PHONE #		
ALLERGIES/HEALTH ISSUES		HOME CHURCH		
Email				

Medical and Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Parent's / Guardian Signature: _____

Date _____