

First Baptist Church Clinton, Missouri is pleased to partner with **Sports Crusaders** to bring a high quality **Basketball and Volleyball Camps** to Clinton. First Baptist Church and Sports Crusaders are committed to offering students premier basketball and volleyball instruction in a Christian environment. Christian college students will lead the camps. Members of First Baptist Church will be on site throughout the duration of the camps. First Baptist Church greatly appreciates this opportunity to add value to the lives of students and is committed to providing students the highest quality experience in the safest possible environment.

The Sports Crusaders **Volleyball Camps** will be conducted at the **First Baptist Church, June 7-11, 2010**. Each Volleyball camp is limited to 20 Students per camp, so sign up early!

Camp #1: Monday - Friday 8:30 AM → 11:30 AM Grades: 9 – 12
Camp #2: Monday - Friday 1:00 PM → 4:00 PM Grades: 5 – 8

The Sports Crusaders **Basketball Camps** will be conducted at the **Clinton Community Center, July 12-16, 2010**. Each Basketball camp is limited to 50 Students per camp, so sign up early!

Camp #3: Monday - Friday 8:30 AM → 11:30 AM Grades: 5 – 8
Camp #4: Monday - Friday 1:00 PM → 4:00 PM Grades: 3 – 4

COST: (payable to First Baptist Church)

\$35.00 per student per camp if turned in by deadline dates
 \$40.00 per student per camp if turned in after deadline dates but before camps
 \$45.00 per student per camp if paying on day of camps

DEADLINES: Return this registration form for Volleyball Camp by **May 7** and for Basketball Camps by **May 28** to:

**FIRST BAPTIST CHURCH
 209 E JEFFERSON
 CLINTON, MO 64735
 660-885-2211**

For more information on basketball camps contact: **TOM DEHN** at 660-885-1518
 For more information on volleyball camps contact: **KATHY WILSON** at 660-885-2211

Registration form

Name: _____

School: _____ Grade (Fall '10): _____

Church Affiliation: _____

Camp Choices: (circle) Volleyball camp #1 Volleyball camp #2
 Basketball camp #3 Basketball camp #4

T-Shirt size: (circle) Youth Medium (8-10) Youth Large (10-12)
 Adult Small Adult Medium Adult Large Adult XL

IMAGE RELEASE

I release to Sports Crusaders the right to use photographs taken of my child, _____, during camp for promotional advertisements in the form of brochures, web pages, newsletters, bulletin boards, PowerPoint presentations, or videos, with the understanding that these photographs will be used in a respectful and decent manner.

Signature of Parent/Guardian _____ Date _____

I DO NOT release to Sports Crusaders the right to use photographs taken of my child during camp for promotional advertisements in the form of brochures, web pages, newsletters, bulletin boards, PowerPoint presentations, or videos.

Signature of Parent/Guardian _____ Date _____

Health and Consent form

Note to Parent/Guardian: It is important that you complete the following Health Record. We must have it on file or your son/daughter must present it at the time of registration on site. Students without a completed and signed Health and Consent Form will be denied participation.

NAME OF ATHLETE: _____

(Last) (First) (Middle Initial)

ADDRESS: _____

(City) (State) (Zip)

Social Security # _____ Age _____ D.O.B. _____

1. Does the athlete have any known special needs or illnesses, which might interfere with his/her participation in strenuous activity? If so, please explain. _____
2. Does the athlete have any severe allergies or reactions to drugs or medications? If yes, please explain. _____

Health and Consent Form (continued)

3. Is the athlete currently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (Name of medications, dosage). _____

4. Indicate the date of last TTB (Tetanus, Dip/Tox, Booster shot) _____

5. Are there any emotional/social disabilities that would be helpful for us to be aware of? _____

6. Is your son/ daughter living with both parents one parent guardian other? _____

7. Who will pick the athlete up from camp? _____

I, the undersigned parent/guardian, do hereby grant permission for my son/ daughter, named on the reverse side, to attend the Sports Crusaders camp. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the camp, I hereby authorize the camp staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bill that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization(s) and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the camp. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the camp.

Signature of Parent/Guardian: _____ Date _____

Phone #: (day/evening) _____ / _____

Should the parent or guardian (primary contact) not be available, whom should we contact (secondary contact) in case of emergency?

Name: _____ Phone #: (day/evening) _____



June 7 - 11, 2010

Volleyball Camps

First Baptist Church of Clinton

July 12 – 16, 2010

Basketball Camps

Clinton Community Center

**Sponsored by
First Baptist Church
209 E Jefferson
Clinton, MO 64735
660-885-2211**