

# SPORTS CAMP 2019

# BEYOND

# THE

# GOLD



## HILLSIDE COMMUNITY CHURCH

FOR BOYS AND GIRLS Ages 4-12

Bring a friend and enjoy these sports:

- Boys & Girls Basketball
- Boys & Girls Soccer
- Cheerleading

FEATURING:

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

EVERY CAMPER RECEIVES:

- Camp T-Shirt \* Collector's Pin Daily
- Take-Home Bible Studies

Camp Dates: June 24th - June 28th

Time: 5:30pm-8:30pm

Cost: \$20 per Child / \$30 per Family \*Camp Scholarships Available\*

For More Info. Call: (559) 783-2636

Website: [hccporterville.org](http://hccporterville.org)

Email: [office@hccporterville.org](mailto:office@hccporterville.org)

(registration forms found here)

Camp Location:

1091 W. Linda Vista Ave. Porterville, CA

## Sports Camp Registration Medical Release Form

<b>For Office Use Only</b>	
Paid: Cash / Check # _____	
Form signed _____	
Entered on roster _____	

**For Boys & Girls**

**Ages 4-12**

**\$20 per camper/\$30 per family**

**Registration Form**

Circle Your Choice (only choose one):

Basketball      Cheer      Soccer      Team 45 (for 4 & 5 yr. olds)

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: \_\_\_\_\_