

Health & Permission Form
Sports Camp, August 2-6, 2010

Name
Allergies
Health Issues

I, the undersigned parent/guardian, do hereby grant permission for my child, named above, to attend the sports camp; hereinafter referred to as "clinic." In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the clinic, I hereby authorize the clinic staff to obtain or provide medical treatment for my child for such injury or illness during the clinic, and I hereby hold the clinic 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 child may sustain physical illness or injury while at the clinic. If this occurs, I hereby authorize the clinic staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that he/she may sustain during the clinic.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and further release the sponsoring organization(s) and its representatives from any claims for personal illness or injury that my child may sustain during the clinic. As the child's parent/guardian, I understand it is my responsibility to instruct my child of the importance of conduct which will insure safety and enjoyable time while participating in the clinic. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the clinic.

I do _____ do not _____ grant permission for the use of any photo or likeness of my child to be used by the sponsoring organization for their use in promotional materials.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Emergency Contact Information

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

Name: _____ Home # _____

Cell # _____ Work # _____

Insurance Information

Company: _____

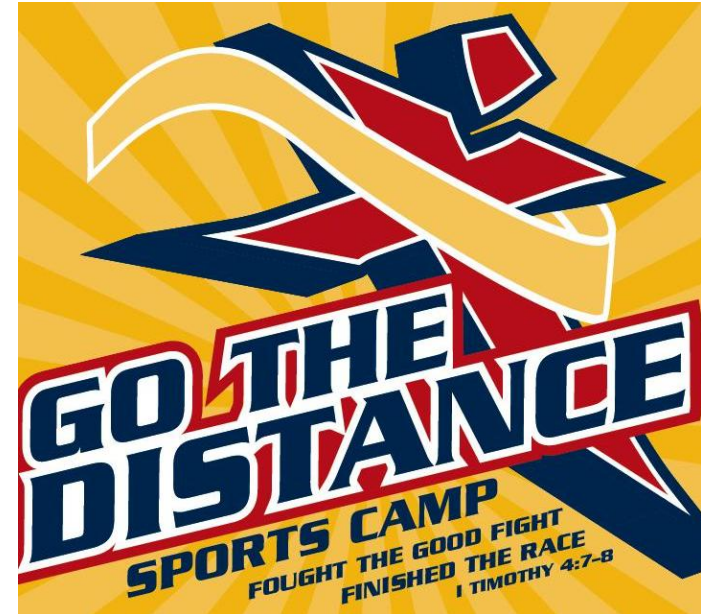
Member ID # _____ Policy # _____

Detach ✂

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Sports Camp 2010



Registration Form

August 2 - 6
9:00am – Noon

Meeting at:
Granby Memorial High School
Granby, CT

PRESENTED BY:
Valley Brook Community Church



Valley Brook Community Church of Granby is excited to be offering **Sports Camp** this summer. Each camp day will include instruction time, snack/water breaks, Bible time, cool music and more fun than could ever be recorded on a score board!

WHEN: August 2 – 6

TIME: 9:00am - Noon

WHERE: Granby Memorial High School
315 Salmon Brook Street, Granby, CT

WHO: Children ages 6-12 years old (must be 6 by June 30)

COST: \$25 per child

WHAT TO BRING: All campers should bring a water bottle, and sneakers (no cleats please). Please provide a small snack each day. See sport choices for specific equipment needs on next page.

REGISTRATIONS: Registrations can be dropped off at either church on Sunday mornings or mailed as follows:

Valley Brook Community Church
PO Box 567
Granby, CT 06035

DEADLINE: Deadline for registration and payment is **July 19**

QUESTIONS? Contact Diane Heermance, Camp Coordinator
(860) 844-0001, x12
valleybrook.kids@sbcglobal.net

For additional forms, please visit our website @
www.valleybrook.cc

(Please retain this side of the form for your records)

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Registration Form

****Office Use Only****

Check #: _____

Amt Pd: _____

Group: _____

Name: _____ Gender: M / F

Address: _____

City: _____ St _____ Zip _____

Email address: _____

Home Phone: _____

Birth Date: _____ Age: _____ Gr completed: _____

SPORT:

Please indicate your choice of sport with a check mark

_____ Basketball Basketball needed

_____ Cheerleading

_____ Soccer Ball & shin guards needed

GROUPING INFORMATION:

Participants will be placed in groups according to age, size, and ability. Confirmation of registration and sport assignments will be sent upon receipt of your application. Confirmations will be sent by email when possible.

T-SHIRT SIZE:

Please circle the size T-shirt needed (included with camp cost)

Youth: Small Medium Large

Adult: Small Medium Large

