

# VISTA CHURCH

PRESENTS

# Sports Camp

2016

JUNE 20TH-24TH AT WALKER ELEMENTARY SCHOOL  
FOR KIDS ENTERING 1ST-6TH GRADE IN THE FALL  
\$10 PER CAMPER

Please mail completed registration form and money to:

Vista Church  
Attn: Sports Camp  
P.O. Box 1257  
Forney, TX 75126

\*7PM-9PM\*

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Questions? Contact Kathy Cox - Phone: (214) 226-1785 Email: klcox4@gmail.com

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade Just Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_

Shirt Size (circle): YS YM YL AS AM AL

1. Is your child allergic to any drug/medication? \_\_\_\_\_ If so, what? \_\_\_\_\_
2. Does your child have any other allergies or medical problems we need to be made aware of? \_\_\_\_\_ If so, what? \_\_\_\_\_
3. Is your child on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_
4. Does your child wear contacts? \_\_\_\_\_
5. Please list any other medical information you think we should know about your child.  
\_\_\_\_\_

I, the parent/guardian of the above registrant, hereby give my approval for his/her participation in any and all activities made by the director, instructor, and/or other coordinators instructing at the program relevant to the registrants participation at the program. To my knowledge, there are no medical, physical, or emotional reasons my child/registrant cannot participate in the program. I agree that in the event of injury and/or illness to my child that may occur during the camp or a result of the camp, I will waive any and all claims against Vista Church and all those affiliated with the program, including instructors, employees, and volunteers of the facilities in use. I understand and assume all risks associated with my child's participation in the program, including but not limited to extreme weather conditions, and all other risks associated with the program. I hereby authorize the program directors and their coordinators to act for me and my child according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the program from any and all liability for any injuries and illness incurred while participating. I further agree to be responsible for any medical attention or other charges incurred by the participant listed above in connection with the program.

Parent/Guardian Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_