

First Baptist Iola



Sports Camp

5th annual sports camp in conjunction
with UW Sports Ministry

Date: June 19-June 23, 2017

Time: 9:00am-12:15pm

Cost: \$10 (\$40 maximum per family)

Sports Offered:

New! Ultimate Frisbee - Boys & Girls 8-12

New! Art - Boys & Girls 8-12 (Max. 20 kids)

Soccer - Boys & Girls, ages 6-12

Cheerleading - Girls, ages 6-12

Basketball - Boys & Girls, ages 6-12

Team 45 - Basic Skills for 4 & 5 year olds

Register online at fbciola.org, mail to: P.O. Box 425, Iola, KS 66749, or drop by the church office at 801 N. Cottonwood.

Pre-registration by June 7th will help ensure correct t-shirt sizes.

Sports Camp Registration Medical Release Form

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

Registration Form

Circle Your Choice

(Notice age restrictions on other side & only choose one):

Soccer Basketball Cheer Art Team 45 Ultimate Frisbee

Shirt Size: 6-8 10-12 14-16 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's Signature: _____

Date _____