Grove

Sports Camp

2017

The program is for students going into 1st grade up to 7th grade or just finishing it. You can write the grade they are going into.

It is a $5 suggested donation per child. You can send a check to Grove Bible Church 6990 E. Price Rd. St. Johns, MI 48879 or you can pay cash at the church. You can mail or give this completed form to the church office by June 10 or as soon as possible.

We provide a shirt for security reasons and as a fun memory. Please write the size appropriate for each child.

Youth S (6-8), Youth M (10-12), Youth L (14-16), Adult S, Adult M, Adult L, Adult XL

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | |  | Grade Fall ‘17 |  | Date of Birth |  | Age |  | M/F |  | T-Shirt (Write their size from above) |
|  | |  |  |  |  |  |  |  |  |  |  |
| Child’s Name | |  | Grade Fall ‘17 |  | Date of Birth |  | Age |  | M/F |  | T-Shirt (Write their size from above) |
|  | |  |  |  |  |  |  |  |  |  |  |
| Child’s Name | |  | Grade Fall ‘17 |  | Date of Birth |  | Age |  | M/F |  | T-Shirt (Write their size from above) |
|  | |  |  |  |  |  |  |  |  |  |  |
| Child’s Name | |  | Grade Fall ‘17 |  | Date of Birth |  | Age |  | M/F |  | T-Shirt (Write their size from above) |
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| Mom / Guardian | |  | Phone Number | | |  | Dad / Guardian | | |  | Phone Number |
|  | |  |  | | |  |  | | |  |  |
| Email | |  | Mailing Address | | |  |  |  | Zip |  | City |
|  | |  |  | | | | |  |  |  |  |
|  | Emergency Contact |  | Emergency Contact Phone # | | |  | Additional drivers who can pick up my child: | | |  | The Church I attend |
| 1 |  | 1 |  | | | 1 |  | | |  |  |
| 2 |  | 2 |  | | | 2 |  | | |  |  |
| Current medications, allergies, or special needs | | | | | |  | Health Insurance, Policy #, Doctor’s Name & Phone Number | | | | |
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**Medical Release:**

In the event of an emergency, such as injury, accident, or illness, in which you are unable to reach me (parent/guardian), I give my permission of treatment deemed necessary in consultation between attending emergency physician and an Event Leader for Grove Bible Church. I also release Grove Bible Church and its program staff of liability in the case of accidents or injuries to my child while attending activities/trips from June 26-28, 2017.

Registration

Office Use

Paid

I understand that pictures & video will be taken of whoever attends Sports Camp and it will be used for the wrap up video and other publication formats. I agree to this and understand it is part of attending the program.

*By typing my name below I agree to the terms listed above.* Questions? contact the camp director Tim Shontere @ 517-582-8863

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*Signature Date*