

Thursday Evening

June 27, 2019

5:45 pm

Bring the whole family

For a relaxed evening of

Fun, Food, and Sports.

See your child scrimmage!

Grove Bible Church

6990 E. Price Rd.

St. Johns, MI 48879

517-651-5729

**Pastors Brendan Holmquist & Jeff Dempsey**

**grovebiblechurch@frontier.com**

**www.grovebiblechurch.org**

BBQ

All-Free Family

Sports Week

**GROVE**

2019

June 24-27, 2019

Grades 1-7

Featuring:

Brian Harmon

Registration: 9:15 am

Pick up: 12:00 pm

-Basketball

-Soccer

-Snacks

-Bible Times

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6990 E. Price Rd.

St. Johns, MI 48879

*Children must be entering grades 1-7.*

Grove Sports Week ‘19

Medical Release Form

**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 for 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 24-27, 2019.

1.

Phone:

2.

Phone:

3.

Phone:

*CONTACTS for EMERGENCY*

T-shirt Size (circle one)

 YS YM YL AS AM AL AXL

 6-8 10-12 14-16 34-36 38-40 42-44 46-48

 $10.00 Suggested Registration fee per child.

Pay What You Can. We want to give every child the opportunity to come. Please return this form with what you are able to pay for registration to Grove Bible Church ASAP!

I understand that pictures & video will be taken of those participating in Grove Sports Week which will be used for a wrap-up video and other publication formats. I agree to this and understand it is part of attending the program.

 By signing/printing/typing my name, I agree to the terms listed above.

Current Medications:

Allergies:

Special Needs:

**Drivers ABLE to pick up my child**

**(not including parents)**

1.

Phone:

2.

Phone:

Special Instructions

Am’t pd ch# cash

Child’s Name:

M F Age Birth Date Grade (mm/dd/yy) (fall, ’19)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Zip:

Home phone:

Email:

Church:

Mom’s/Guardian’s name:

Primary Phone:

Dad’s/Guardian’s name:

Primary Phone:

 Date

Signature

Print Name:

Doctor’s Phone:

Doctor’s Name:

Policy #:

Health Ins. Co: