



## 2017 Sports Camp

July 17<sup>th</sup> to July 21<sup>st</sup>

9:00 am to 12:00 pm

Grades 1<sup>st</sup> through 6<sup>th</sup>

Windsor Hills Community Church  
7485 Orien Ave, La Mesa, CA 91941

To register call or email us by July 10<sup>th</sup> and come on first day with form on back completed.

This year we have teamed up with the Fellowship of Christian Athletes to help us with our Sports Camp. We will offer the following sports: Football, Soccer, Baseball, Volleyball, Tennis and Cheer. We will also have Arts & Crafts.

619-463-1201

whcc.assistant@windsorhillschurch.org

**FREE!!!**

## Sports Camp Registration Medical Release Form

Shirt Size (Circle One):    YS            YM            YL            AS

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				

### Release of Liability

By signing this Medical and Liability Release Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release the Fellowship of Christian Athletes (FCA) and Windsor Hills Community Church and its leaders, employees, Officers, Directors, volunteers, and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers or agents. I further agree to indemnify and hold harmless FCA and Windsor Hills Community Church and its leaders, employees, volunteers, or agents from any and all claims arising from my student's participation in its activities and programs, or as a result of injury or illness of my student during such activities.

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

Date \_\_\_\_\_