

# Basketball & Cheer Camp



**New Cheers  
Great Music**



**Drills & Skills  
Devotion Time**

With Delta College Men's Basketball Coach

**Rich Ressa**

With former UOP Cheerleader

**Mindy Gray**

**June 19<sup>th</sup> - June 23<sup>rd</sup>, 2017 9 AM to Noon**

**@ First Baptist Stockton\***

**\$40—Snack, Drinks, and a BASKETBALL  
AND T-SHIRT!**



*Little Gamers  
Sports Camp  
For K-2nd Gr. at the  
same time*



**Entering 3rd through 8th Grades - Tennis Shoes Required**

**\*Arrive Monday @ 8:45 for check-in @ the Children's Center**

**Energetic Coaches    Christian Spirit    Bring a Water Bottle**

**For more information contact Jaron or Crystal at (209) 466-4368**

# REGISTRATION FORM & MEDICAL CONSENT

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Basketball ☐ Cheer ☐

T-Shirt size ☐ adult ☐ youth Indicate size \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Father's Cell:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

We the parent(s) of \_\_\_\_\_ (list child in Camp) do hereby authorize, the Camp leader representing First Baptist Church as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment, and hospital judgment deemed advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization is to be effective until it is revoked, in writing, to said agent.

It is understood that, as parents or guardians, we are responsible for all medical costs and I (we) will not hold First Baptist Church, the leader, or any officer, drivers, or helpers liable for medical aid rendered to our child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

List all known allergies or medical conditions for the child you enroll: \_\_\_\_\_

## **PERMISSION TO PHOTOGRAPH & VIDEO**

I grant permission to First Baptist Church, the rights of my child's image, likeness and sound of voice as recorded on audio or video tape, without payment or any other consideration. I understand the images may be edited, copied, exhibited, published or distributed, and waive my right to inspect or approve the finished product, wherein their likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of images or recordings. By signing this release I understand this permission signifies that photographic or video recordings may be electronically displayed via the Internet or in a public setting. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

### **For Office use only**

Payment type :  
Check

Cash