

Menomonie Alliance Church

# SPORTS CAMP

July 10-14, 2017

(5pm – 8pm daily)



**AGES 4-12**

**Cost: \$15**

**Register at:**

[www.machurch.net](http://www.machurch.net)

715-235-4261

Register by June 26 to  
guarantee a camp t-shirt.

## **Sports Include:**

- ⊕ **Soccer,**
- ⊕ **Flag football,**
- ⊕ **Basketball,**
- ⊕ **Cheer,**
- ⊕ **Team 45**  
(large motor development  
for 4-5 year olds)

Kids participate in a sport of their choice while being coached by college athletes from around the nation. Daily Bible lessons and songs are paralleled with spiritual lessons that are reinforced in sports.

# Sports Camp Registration Medical Release Form

## For Office Use Only

Paid: Cash / Check # \_\_\_\_\_  
 Form signed \_\_\_\_\_  
 Entered on roster \_\_\_\_\_

### Registration Form

Circle Your Choice (Please mark 1st preferred sport, and a 2nd preferred sport):

Basketball (Ages 6-12)    Cheer (Ages 6-12)    Flag-Football (Ages 8-12)

Soccer (Ages 6-12)    Team 45 (Ages 4-5)

Other: \_\_\_\_\_

Shirt Size:    YXS    YS    YM    YL    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						

Cost: \$15 - Make checks out to Menomonie Alliance Church

### 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 Signature: \_\_\_\_\_

Date \_\_\_\_\_