

Waiver and Release

My permission is granted for the camp director, church official, any camp staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a Participant, my child may be photographed or videotaped during normal camp activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the information provided on this form is correct, and I do hereby release and forever discharge Cross Road Baptist Church, church staff, camp sponsors, and/or camp volunteers ("Released Parties") from any and all claims, costs, demands, actions, or causes of action, past, present or future arising out of any damage or injury in connection with my child's participation in this camp. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in this camp or while on property leased or owned by any of the Released Parties.

Assumption of Risk: There are inherent risks involved with participation in any sports or athletic related events or competition. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable laws and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent the restrictions on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/arbitration organization for binding resolution. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided to the camp venue.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

PRE-REGISTRATION IS REQUIRED TO ENSURE SPACE FOR EVERY PARTICIPANT

Ways to Pre-Register for Sports Camp

- Call Cross Road Baptist Church: 336-629-6607
- Email Travis (tsuttles@crossroadbaptist.org)
- Stop by the CRBC Office, 1566 Old Cox Road

When pre-registering, please give the child's name, grade, gender, contact name and number.

Pre-Register by Sunday, May 20th, 2018

Registration Form, Waiver and Release, and \$10 due on or before first day of camp.



A week long sports camp for
3rd-5th Graders
sponsored by the
Aftershock Student Ministry at Cross

Cost: Only \$10 per participant!

This covers the cost of every sporting event, a Pizza party on Friday, and awards at the end of camp!

When: June 18th–22th, 2018

Time: 9am–2pm

Where: Cross Road Baptist Church CLC

(1566 Old Cox Road Asheboro, NC)

Questions?

Contact Travis Suttles, 336-629-6607

Daily Schedule

8:30am	Doors to CLC Open
9:00am	Large Group Devotions
9:20am	Small Group Huddle Time
9:45am	Skills and Drills
10:45am	Mini Game
11:45am	Lunch
12:30pm	Team Competition

All participants will learn
a different sport, Bible verse,
and Bible story every day!

What to Bring:

Bag Lunch each day

Comfortable Clothes (t-shirt, knee length shorts)

Tennis shoes (no sandals or flip flops)

Water Bottle

Great Attitude

Willingness to have FUN and LEARN!!

Participant Registration

Participant's Name: _____

Age: _____ Birthdate: _____ Gender: _____

Grade (circle): 3rd 4th 5th

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Emergency Contact (other than Parent/Guardian): _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

List any allergies: _____

List any medical conditions that may limit participation in the sports camp activities: _____

**REGISTRATION FORM, WAIVER AND RELEASE, AND \$10 COST
MUST BE TURNED INTO CAMP STAFF ON OR BEFORE THE
FIRST DAY OF CAMP. STUDENTS WITHOUT A COMPLETED
REGISTRATION FORM AND SIGNED WAIVER AND RELEASE**