



SPRING SPORTS CAMP

MARCH 12 - 16TH 9 AM - 12 NOON

PLEASE CHECK ONE:

(PRESCHOOL - KINDERGARTEN)

"SPORTIES FOR SHORTIES"

ELEMENTARY SCHOOL (1ST - 5TH GRADERS)

BASKETBALL

SOCCER

CHEER

Child's Name: _____

Gender: M / F

Parent/ Guardian Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Information on the Child

Birthdate: _____

Grade: _____

Do you attend church? If so where? _____

Medical

Please include information we need to know about your child, including *medical* allergies: _____

In the event of an emergency this week, please call:

Name and phone (cell): _____

Name and phone (cell): _____

At the end of each day, your student will only be released to you or the individuals listed here:

Continued on back

Volunteers

I am interested in helping during this week. Please check the areas you are interested in:

Snacks

Registration

Coaching

Other _____

To contact you please check one of the following:

Email

Phone

I have students 6th grade and higher interested in helping:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

AUTHORIZATION FOR EMERGENCY & ROUTINE MEDICAL TREATMENT AND RELEASE OF LIABILITY

I, _____ (As parent/legal guardian, of _____,

a minor child,) I give my permission to Grace Bible Church and its employees, representatives and volunteers, to obtain or provide such emergency or routine medical treatment for me and/or the above named minor child as they, in the exercise of their discretion, deem necessary or appropriate while they/he/she is participating in any activity offered by GBC. Further, in consideration of GBC making this activity available to me and/or the above named minor child, I, for myself, the minor child, and anyone claiming under or through him/her, hereby release and discharge GBC, its employees, representatives and volunteers from all liability, claims, demands, and actions, regardless of kind or character, connected with, arising out of, or in any way related to the above named minor child's participation in such activity.

Parent/Legal Guardian Signature

Date

To Register please mail or fax this form to:

Grace Bible Church Maui 635 South Hina Avenue Kahului, Hawaii 96732

Questions? (808) 877-5331 phone - (808) 877-5330 fax - www.gbcmaui.com

Or email to joannahchoe@gmail.com