

## Hope Christian Church 'The Great Comeback' Sports Camp

<b>What:</b>	The Great Comeback Sports/Arts Camp
<b>Who:</b>	Kids ages 4-12
<b>When:</b>	<b>July 27-31, 2009</b> from 4:00pm - 7:15 pm
<b>Where:</b>	Ambrose Elementary School, 27 High Street, Winchester
<b>Cost:</b>	\$50/camper (some scholarships available) by July 10 *
<b>Tracks Offered:</b>	<ul style="list-style-type: none"> <li>➤ <u>Soccer</u> – for ages 6-12</li> <li>➤ <u>Cheering</u> – for ages 6-12</li> <li>➤ <u>Basketball</u> – for ages 8-12</li> <li>➤ <u>Art/Music</u> – for ages 6-12</li> <li>➤ <u>TEAM 45</u> – for ages 4-5 (This is a skill development program for 4 and 5 year olds which will introduce them to basic movements of sport, exploring and moving in space, understanding boundaries, &amp; rhythm development.)</li> </ul>

In addition to instruction, drills, and activities within each of the tracks, students will have breaks to have a snack and to learn about several great comebacks in sports (such as the Celtics in the 2008 NBA finals) and in the Bible. Children will take home interactive news flashes that summarize what they have learned each day.

The coaches for this camp are college athletes on staff with Uncharted Waters Sports Ministry, and they will be assisted by qualified, trained volunteers. All camp staff will have passed CORI & SORI background checks. A camp nurse will be present at all times.

Please fill out the registration form and the health history form and send them, along with your check made payable to Hope Christian Church, to: **Hope Christian Church, 58 Mt. Vernon St., Winchester, MA 01890**. Questions? Please contact Wendy or Jenny at 781-729-5494, Ext. 7, or email Jenny at [rjdimuzio@verizon.net](mailto:rjdimuzio@verizon.net).

\* Cost of registration after July 10: \$70.00



## Hope Christian Church Sports Camp Registration / Medical Release Form

### REGISTRATION FOR

**CIRCLE YOUR CHOICE:**

**SOCCER BASKETBALL**

**CHEERING ARTS TEAM 45**

**CIRCLE SHIRT SIZE: YS YM YL AS AM AL AXL**

#### For Office Use Only

Paid: Cash / Check # \_\_\_\_\_

Form signed \_\_\_\_\_

Entered on roster \_\_\_\_\_

Child Name		Age	Grade (last)	Birthdate	Circle One M F
Address				Home Phone	
City	State	Zip	Cell or Daytime Phone		
Parent(s) or Guardian Name			Emergency Contact & Phone #		
Email Address			Allergies and/or Health Issues		

### **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/Guardian Signature:** \_\_\_\_\_

Date \_\_\_\_\_