



**Ages**  
1<sup>st</sup> - 6<sup>th</sup>  
**Grades**

*DEAR PARENTS,*

We'd love for your child to join us at Mega Sports Camp! All kids who attend will choose one of these sports to focus on-

- ✦ Baseball
- ✦ Basketball
- ✦ Cheerleading
- ✦ Soccer
- ✦ Volleyball
- ✦ Flag Football
- ✦ Skateboarding

**According to enrollment the  
camp director will choose three  
sport activities per camp.**

Each child will receive quality training, a camp tee, daily camp souvenirs, camp photo & DVD, two snacks and lunch daily. Camp will begin with registration at 8:30 am and close at 4:00 pm pick up.

But that's not all. Kids will also enjoy upbeat rallies filled with energetic music, fun sports stories, ultracool object lessons, and Bible stories that will help them discover how to break free from the things that can hold them back in sports and in life. All this sports fun takes place at:

- ✦ Church of the Living Christ  
190 E. El Roblar Drive  
Ojai, CA 805/646-1296

You may choose one or all camps:

- ✦ Camp I June 29 - July 3
- ✦ Camp II July 6- 10
- ✦ Camp III July 13 - 17

Ready to sign up? Just complete the attached registration form, mark which camp(s) child will be attending, and enclose the camp fee of \$125.00 in the attached envelope. Early registrations will receive a discount of \$20.00 if registered by June 1<sup>st</sup>

. If you have more than one child attending camp(s), you may deduct \$5.00 per child. Some scholarships or tuition help may be available upon request.

Sincerely,

Cherry Loe  
Camp Director  
Ryan Connell  
Program Director



**MEGA Sports Camp Registration Form**

Camp I June 29–July 3  Camp II July 6-10  Camp III July 13-17

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Age \_\_\_\_\_ Last School Grade completed \_\_\_\_\_ Male/Female \_\_\_\_\_

Sports Choice (Mark Camp I, II, or III if attending more than one week)

- \_\_\_\_\_ Soccer (bring a soccer ball and shin guards labeled with your name)
- \_\_\_\_\_ Basketball (bring a basketball labeled with your name)
- \_\_\_\_\_ Cheerleading (wear comfortable shoes)
- \_\_\_\_\_ Baseball (bring a glove)
- \_\_\_\_\_ Volleyball (bring a volleyball)
- \_\_\_\_\_ Flag Football
- \_\_\_\_\_ Skateboarding

T-shirt size:  Youth Small  Youth Medium  Youth Large  Youth Extra Large

Guardian (s) name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Special concerns (allergies, etc.) \_\_\_\_\_

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during the MEGA Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organizations (s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

\_\_\_\_\_  
Date

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

**CLC CHILDREN/YOUTH MINISTRIES**  
**Parental Consent, Certification and Medical Authorization**

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Parents and legal guardians of minor children are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during church sponsored activities.

**General Information** (please print)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work/Mobile Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Company Covering Child \_\_\_\_\_ Policy Number \_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent and the legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly scheduled activities of the Church of the Living Christ Children & Youth Ministries ("CLC"), including field trips, camps, swimming, boating, hiking, sporting events, and any other activities customarily associated with CLC. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Questionnaire**

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?  Yes  No (if yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

- Does your child have any allergies (including medications)?  Yes  No (if yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

- Does your child ever sleep walk?  Yes  No

- Can your child swim?  Yes  No

- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity?  Yes  No.

If yes, explain below. A written release must be submitted by your child's physician authorizing your child to participate in such activities.

\_\_\_\_\_  
\_\_\_\_\_

- Does your child require a special diet?  Yes  No (If yes, please explain)

\_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Authorization**

Being the parent or legal guardian of \_\_\_\_\_, (minor's name printed) I \_\_\_\_\_ (parent/guardian's name printed) I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I agree to notify CLC in the event of any health changes which restrict my child's participation in any normal CLC activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Church of the Living Christ, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

A facsimile or photocopy of this form shall be as valid as the original.

\_\_\_\_\_

Signature of Parent of Guardian

\_\_\_\_\_

Date

----- **Notary only needed if indicated on flyer** -----

State of \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public in and for said state personally appeared \_\_\_\_\_, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the same purpose therein stated.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_.