



Basketball Camp 2010

July 19 - 23 | Entering 1st-3rd grade: 9:30-12:00

Entering 4th-6th grade: 1:00-3:30 | \$50

Parent/Guardian Information

Father's Name _____ cell (_____) email _____
Last First

Mother's Name _____ cell (_____) email _____
Last First

Address _____ phone (_____)
Street City / State Zip

Emergency Contact Name: _____ Phone: _____

Is there a friend they would like to be with? _____

Child's Name	Birthday	Grade in Fall	M/F	Medical Concerns	T-Shirt Size

Waiver of Responsibility

I/we release Grace Bible Church of liability for any injury during Basketball Camp. I/we give permission for emergency medical treatment in case of illness or injury.

 Signed Date

Photography Waiver

I/we give permission for my children to be in photographs taken during Basketball Camp by a Grace Bible Church staff member or other authorized Grace affiliate. These pictures may be used in various Grace Bible Church communications or publicity.

 Signed Date

**How did you hear about this camp?
 (check all that apply)**

We attend Grace Bible regularly

Friend (who?) _____

Website

Event (which one?) _____

Other _____

For office use only:

Date Entered _____

Paid _____

T Shirt _____

I can:

Help during camp

Help before camp

Donate snacks/supplies

Please return this form to:
 Grace Bible Church
 100 Rodeo Drive
 Arroyo Grande
 489-4200
 fax: 489-9296
 www.gracevine.com

