

3 DAY summer

BASKETBALL CAMP

July 10th-12th

CAMP LOCATION

461 St. Clair Avenue & EA Parham Street
Columbus, OH 43203

Cost: **\$50 per child**
(second child \$45)

Ages: **8-14**

9:00am-3:00pm

Before/After Supervised Care
7:30am-5:30pm

Breakfast, Lunch & Snack Provided

Wear Athletic Gear and Sneakers

Registration Deadline

Friday, June 30th

Register Online at www.trinity-baptist.com
or In-Person
(Forms available in the rear of sanctuary)

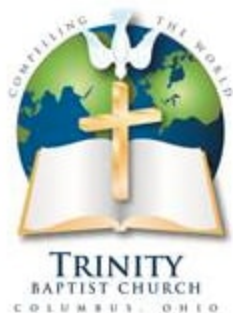
For more information call 614-258-9583

Presented By:



TRINITY
BAPTIST CHURCH
COLUMBUS, OHIO

LEVELUP
SPORTS TRAINING



TRINITY
BAPTIST CHURCH
COLUMBUS, OHIO



July 10, 11 and 12 * Ages 8 to 14
REGISTRATION FORM

Child's Name: _____ DOB _____

Address _____

Parent(s) Name _____

Home Phone # _____ Cell # _____

School Name _____ Grade _____

Is the family a member of a church? If so, church name _____

Please list any known allergies your child has: _____

Emergency Contact Name: _____ PHONE# _____

Other than parent(s) who else may sign in/out the child: _____

I have read and agree to the below Accident Waiver & Release of Liability (AWRL) requirement on behave of my child.

I acknowledge that this athletic camp is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, camp officials, and/pr event. I hereby assume all of the risks of participating in this event. I certify that my child is physically fit, and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Trinity Baptist Church & LevelUp Sports Training which my child may participate and it will govern my child's actions and responsibilities at the camp. In consideration of my child participating in this event, I hereby take action for my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my child's death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to my child, THE FOLLOWING ENTITIES OR PERSONS: Trinity Baptist Church and LevelUp Sports Training, and their officers, employees, volunteers, representatives and agents, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my child's actions during this event. I hereby consent that my child may receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. I understand that at this event or related activities my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

OFFICE USE ONLY

Paid registration fee paid by: Cash Check # _____ Credit Card

Date fee received: _____