

# BASKETBALL CAMP 2017

SUNNYSIDE BAPTIST CHURCH

Monday, July 24<sup>th</sup> — Thursday, July 27<sup>th</sup>

**Boys & Girls Camp 9:00AM-Noon**



This camp is for children who have completed grades 2 - 9. Cost is \$25.00. Camp will be led by Danny Martin, former player at Central High School and ETSU. He has led several basketball clinics in the area.

Please complete the attached form, cut it off, and return it to the church office. Or— visit our website at [www.sunnysidebaptistchurch.org](http://www.sunnysidebaptistchurch.org) and print off a form there to complete and return. If you have questions, call the church office at #288-5081 between 8:00 AM and 4:00 PM weekdays.

**T-shirt orders will be placed about a week before camp begins, so we need sizes by then please.**

Please complete, detach, and return with your payment

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Participant's Name \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
Participant's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alt. Number \_\_\_\_\_  
**Age** \_\_\_\_\_ **Last grade completed** \_\_\_\_\_  
**T-shirt size** – YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL/AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ A2X \_\_\_  
Where do you attend church? \_\_\_\_\_  
Emergency contact person \_\_\_\_\_  
Medical information (allergies) \_\_\_\_\_  
Physician \_\_\_\_\_ Phone # \_\_\_\_\_

## Liability Release Form

I, the undersigned, do hereby acknowledge that by signing this document and allowing participation in the Basketball Camp on the premises of Sunnyside Baptist Church, that I am releasing Sunnyside Baptist Church and its representatives for liability in any claims for personal injury, sickness, or accidents that may occur during play or competition or at any time while on the premises of Sunnyside Baptist Church. I understand there is a definite risk involved in participating in an event of this nature, and I will be responsible for the payment of any medical bills that occur due to the participation in this event at Sunnyside Baptist Church.

\_\_\_\_\_  
Printed Guardian's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date