



*Trinity Church
Vacation Bible School
August 12-14, 2010*

Dear Parents,

We'd love for your child to join us at MEGA Sports Camp! All the kids who attend will learn about and play

*Basketball
Kickball
& Soccer*

But that's not all.

Kids will also enjoy upbeat rallies filled with energetic music, fun sports stories, and Bible stories that will help them discover character traits that can help them excel in sports and in life. All this sports fun takes place at:

Trinity Episcopal Church

We'll start off every day at **4:30 PM** with Registration. After a fun-filled day, you'll be able to pick up your child at **8:00 PM**. Ready to sign up? Just complete the registration form or call **(540) 592-3343** for more information.

Sincerely,
Your VBS Leadership Team





REGISTRATION FORM

**Trinity Church
Vacation Bible School
August 12-14, 2010**

Name _____

Address _____

City _____

State _____ Zip _____

Age _____ Rising school grade _____

T-shirt size _____ Male/Female _____

Guardian(s) name _____

Home phone _____ Work phone _____

In case of emergency, contact _____ Phone _____

_____ Phone _____

Special concerns (allergies, medications, medical conditions, 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 MEGA Sports Camp *Undefeated*, 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 organization(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.

Name of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____