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**SUMMER CAMP FOR
GIRLS AND BOYS**

CAMP

July 13 – 17, 2009

Completed K - 2nd grade:
9:00 a.m. – 12:00 p.m.

Completed 3rd - 6th grade:
1:00 p.m. – 4:00 p.m.

Cost: \$55

(\$65 after July 1st)

NOTE:

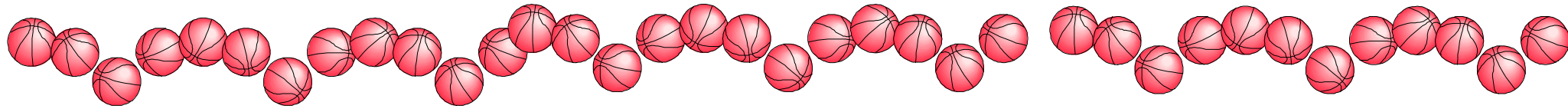
To ensure the quality and safety of the program, we are limiting the number of participants to 75 K – 2nd graders and 75 3rd – 6th graders. Please register early.

Please return your Registration Form to The Heights Baptist Church during normal business hours of 8:30 a.m. to 5:00 p.m.

For additional information call Marilyn Hansen at (972) 231-6047 ext. 267 or mhansen@theheights.org



*201 West Renner Road
Richardson, Texas • 75080
972.238.7243 • 972.238.8416 Fax*



Camp Coach: Daryl
"Superman" Williams

We are excited to have Coach Williams back for another fun filled camp year. He is a 7th grade English/Reading Teacher in the Garland District as well as Head 7th grade Basketball Coach at his campus. Formerly with Team Impact, Coach Williams travels the U.S. with his very own team, Power Up Ministries spreading the good news to churches and young people that Jesus Christ is Lord of all. Bring your skill and a competitive attitude and join the fun!



Registration Form

Last Name	First Name	MI	Gender	Home Phone	Birthday	Grade Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			City		State	Zip
<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>
Church (if your regularly attend, which one?)						
<input type="text"/>						

T Shirt Size: Youth S Youth M Youth L Youth XL Adult M Adult L Adult XL

Parent/Guardian Information

Father/Guardian Telephone (Work)	<input type="text"/>	Mother/Guardian Telephone (Work)	<input type="text"/>
Email Address	<input type="text"/>	Email address	<input type="text"/>

Please Read Carefully - Signature Required

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? YES NO If yes, please state condition: _____
If you wish to have your doctor contacted in case of emergency: Doctor's Name _____ Phone _____

Emergency Authorization (from above)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorized Signature: _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of The Heights Baptist Church are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless The Heights Baptist Church, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in an event sponsored by The Heights Baptist Church, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

Signature of Parent or Guardian _____ Date: _____