

## **Note to Parents:**

- A waiver form **MUST** be signed (see below) and sent along with your child.
- Registration Time is from 9:00 to 9:10 am. Program begins at 9:10 am.
- We play each day rain or shine. We only come off the fields if we fear lightning. Although if it is cold and raining hard, we generally keep the 5-7 year olds inside.
- Our soccer camp is for fun. NO CLEATS! Ensure your child has proper footwear (not flip flops or sandals)
- We also suggest that you ensure your child has sunscreen and bug spray on and to bring a hat and water bottle with them.
- We have a lost and found box. Please call/email if your child has lost something.
- Children play on the following fields:
  - Ages 5-7          play at the Church
  - Ages 8-10        play at Bel Ayr School
  - Ages 11-13      play at Eric Graves Jr. High
- Children will be given a memory verse each day. Please encourage them to memorize it for the next day.
- We have CRAZY Days...Monday is "Meet a New Friend Day," Tuesday is "Backwards Day," Wednesday is "Team Colours Day," Thursday is "Crazy Hat Day," and Friday is "Volunteer Appreciation Day."
- All participants MUST return to the church between 11:40 and 11:55 am, even if they walk past their home on the way back from the field. Upon arrival at the church, they will be given their memory verse and dismissed by their coach.
- If your child has to leave the program early for any reason, please speak to their coach the day before. Please ensure their coach is aware when they are leaving.
- If there are any custody issues that we should be made aware of, please make mention of them on your child's registration form.
- If your child uses a puffer for asthma, please send it along with them. If your child can handle use of their puffers themselves, just send it along with them. If they are too young to use it on their own, please send it along with them and give it to their coach along with instructions.
- In case of emergency, you can call: The Church 434-3217 OR SBC Director 488-4566



## ***Soccer Bible Camp***

### **PERMISSION/ WAIVER FORM**

Name of Child or Adult Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_ Phone \_\_\_\_\_

If the participant is a child, print the names of parent(s) and/or legal guardian(s)

\_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

### **Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of FOREST HILLS FELLOWSHIP BAPTIST CHURCH-SOCCER BIBLE CAMP is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, but not limited to, physical injury due to activity-related accidents, illness, or even more serious consequences. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### **Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release FOREST HILLS FELLOWSHIP BAPTIST CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against FOREST HILLS FELLOWSHIP BAPTIST CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless FOREST HILLS FELLOWSHIP BAPTIST CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Signed by \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_