



Free Stuff

Each Child will Receive

- T shirt
 - Soccer Ball
 - Skill development
 - Scrimmages (games)
 - Healthy Snack
 - Bible Message
 - Fun Activities
- (Slip N Slide, water balloons, etc)

Important Information

Ages: Kids completed kindergarten – grade 5

Cost: \$20/child

When: July 4-8, 2016

Soccer Sunday: Sun July 10

(Families invited to church for lunch and celebration of the week)

Time: 1:00 – 4:00 pm

Where: Campbell River Christian School Soccer Field



260 South Dogwood Street
CR, BC, V9W 6Y7
287-8831 crbaptist.bc.ca
soccercamp@crbaptist.bc.ca



July 4-8, 2016
1-4 pm

**Registration
River Kids Christian Soccer Camp
July 4-8, 2016**



Personal Information

Camper Name: _____ Sex: M F Age: _____

Birthday: _____ Present School: _____

How did you hear about the Camp?

Address: _____

City: _____ Province: _____ PC _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Camper Allergies and/or special needs:

Pick up authorization(s): _____

Camp Information

Dates: July 6-10, 2015 Camp Location: Campbell River Christian School

Times: 1:00 pm - 4:00 pm

T-shirt size: YS YM YL YXL AS AM AL (circle appropriate size)

Payment Information

Cost: \$20

Amount enclosed: _____

Payment method: Cash Cheque

Other Information

You can pick up and drop off registrations at:

Campbell River Baptist Church
260 S Dogwood Street
Campbell River, BC, V9W 6Y7
250 287 8831
SoccerCamp@crbaptist.bc.ca

Liability Release Form

To: Campbell River Baptist Church

Event or Activity: River Kids Soccer Camp, 2016

Participant _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume all risk of personal injury, sickness, death, damage and expense which might occur to the participant due to his/her/my participation in the above event or activity. I release Campbell River Baptist Church, its employees, directors and volunteers from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for Campbell River Baptist Church, its employees, directors and volunteers to seek emergency treatment for the participant if necessary. Including, but not limited to: doctor, walk-in-clinic, hospital or emergency room.

Signature of Parent or Guardian: _____

Date (MM/DD/YY): _____

Permission to Photograph

I hereby give permission to **Campbell River Baptist Church** to take photographs and/or video my child. While participating in the River Kids Soccer Camp.

I agree that **Campbell River Baptist Church** may use such photographs for any lawful purpose. Including, but not limited to: publicity, advertising and illustration.

I have read and understand the above.

Name(s) of participant: _____

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____

*** If form is sent in by email, a signature will be required when participant is checked in for the first time.**