

Sports Crusaders is an organization founded by Bobby Shows. Camps are hosted by Metro East Baptist Church & are conducted by a team of trained, Christian college-age athletes from all over the Midwest. They teach skills, drills, concept, & strategies while ministering to the social, physical, & spiritual needs of the participants. Please fill out the attached Health Record and Consent Form and pre-register by mailing it to Metro East Baptist Church. You can also register on Monday, the first day of each camp. The \$40 includes registration, shirt, sports Bible, refreshments and awards. We invite students from all over the metro area to take advantage of this great opportunity! If you have questions, need more information, or need additional registration forms, contact Metro East.

(316) 733-5088 www.metroeastbaptist.com



SOCCER

June 14-18

K-2nd & 3rd-6th

1:00-4:00 p.m.

BASKETBALL

July 19-23

K-2nd 9:00-11:30 a.m.

3rd-6th 9:00-12:00 p.m.



Must have completed grades listed. Times of camps may vary based on actual enrollment numbers.

**\$40 per camp
\$5 discount per child after first registrant in family
EARLY BIRD SPECIAL
\$30 per camp
(IF postmarked by June 1)**

2010 Camp Verse:

"Whatever a person is like, I try to find common ground so that he will let me tell him about Christ"

1 Corinthians 9:2

Health Record and Consent Form

REGISTERING FOR WHICH CAMP? _____

*Soccer Camp is at Metro East Baptist Church.

*Basketball camp is at Andover Community Center, 1008 E. 13th St.

Note: Parent/Guardian—It is important that you complete the following Health Record. Your son/daughter must present it at the time of registration on site.

Name of Athlete: _____
(Last) (First) (MI)

Address: _____

(City) (State) (Zip)

Grade completed _____ DOB _____

1. Does the athlete have any known special needs or illnesses which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the athlete have any severe allergies or reactions to drugs or medication? Explain:
3. Is the athlete presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (Name of medications, dosage, etc.)
4. Indicate the date of last TTb (Tetanus, Dip/Tox, Booster Shot) _____
5. Are there any emotional/social disabilities that would be helpful for us to be aware of?
6. Is your son/daughter living with:
 both parents one parent guardian other
7. Who will pick the athlete up from camp? _____

Please read and sign the back of this form.

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named on the reverse side, to attend the Sports Crusaders camp. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the camp, I hereby authorize the camp staff to obtain or provide medical treatment for my son/daughter 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 son/daughter may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bill 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 son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization(s) and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the camp. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the camp.

Date: _____

Signature of Parent or Guardian: _____

Telephone: _____
Day Evening

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Name: _____

Telephone: _____
Day Evening



Sports Crusaders
ON MISSION THROUGH SPORTS

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Basketball

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Sports Camps hosted by:
Metro East Baptist Church
333 N. 143 Street East
Wichita, KS 67230
(316) 733-5088
www.metroeastbaptist.com