

Christ Chapel Academy Lions Basketball Camp Application



Campers Name _____

Address _____

City _____ State/Zip _____

Grade Completed _____ DOB _____ Sex M or F

Parents Name _____

Work Phone _____ Cell Phone _____

Email address _____

Circle T-shirt size Youth M or L Adult S M L XL

Select The Session Attending:

_____ Rising 5th-8th Grade Coed - Jul 29-31, 8:00am to 12:00pm

_____ Rising 9th-12th Grade Coed - Aug 12-13, 5:00 to 9:00 pm & Aug 14, 9:00 am to 1:00 pm

Note: Each session is limited to 36 participants. Register deadline is 30 Jun.

Fee: \$75.00. Make checks payable to Christ Chapel Academy. Return the application and payment during open gym or mail the application to Christ Chapel Academy c/o Miss Jane Ann Boros, 13909 Smoketown Road Woodbridge, VA 22192. Payments are non-refundable

MEDICAL RELEASE:

I hereby consent to standard first aid being rendered to my child or if need be, emergency medical or hospital service rendered to my child by appointed physicians or at accredited hospitals, in the event such is needed as determined by the camp director.

Please list any medical allergies, medical information or other pertinent information:

I agree to assume complete financial responsibility for any personal injury or property damage resulting from any intentional or negligent act of my child or ward during his/her participation in the CCA Basketball Camp or while on the premises of Christ Chapel Academy.

In consideration and allowing the above stated individual to participate, the undersigned, realizing the risk of injury attendant to such activities, does/do hereby release and forever discharge the Christ Chapel, its officers, agents, employees and volunteer coaches from any and all actions, causes of actions, claims and demands for, upon or by reason of any injury which hereafter at any time may be sustained by participation in such activities.

Signed Parent/Guardian

Date