

Saturday, July 11, 2015

Time: 8:00am-5:30pm

Rain Date: August 8, 2015

Bethel's 1st Annual

Truth

Wisdom

Sports Camp



Teamwork

CONFERENCE

- Grades: 1-12 (Girls & Boys)
- Flag Football
- Soccer
- Basketball
- All Skill Levels Invited
- Experienced Coaching Staff!
- Special Guests!
- Breakfast, Snack, Barbecue!
- Camp T-Shirt, Awards!
- Free Registration for 1st 10 youth to register at Bethel Church May 30 & June 13 (10am-2pm)

Location:

Freehold Intermediate School
280 Park Ave. Freehold, NJ

Sponsored By:

Bethel AME Church

3 Waterworks Rd
Freehold, NJ 07728

Phone: 732-462-0826

bethelfreehold@aol.com

Mail registration to church address.

Rev. Ronald L. Sparks,
Pastor



BETHEL SPORTS CAMP REGISTRATION FORM

BETHEL AME CHURCH 3 WATERWORKS ROAD FREEHOLD, NJ 07728 732-859-2113

REV. RONALD L. SPARKS, PASTOR - 732-462-0826 / www.bethelfreehold@aol.com

FREE REGISTRATION FOR 1ST 10 YOUTH TO REGISTER AT BETHEL ON MAY 30 & JUNE 13 (10am-2pm)

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last school grade completed _____ Male/ Female _____

SPORTS CHOICE: (Check 1 sport) Rain Date: August 8, 2015

_____ **Basketball**

_____ **Flag Football** - (We recommend that kids be at least 8 years old)

_____ **Soccer** (Bring shin guards)

T-shirt size: Small/Medium/Large/X-Large (Youth) _____ (Adult) _____

Parent/Guardian Name: _____

Home Phone _____ Mobile _____

In case of emergency, contact: _____ Phone _____

Special concerns (allergies, medications, medical conditions, etc.): _____

Registration Fee: \$ 10.00 /additional family member: \$ 6.00each (Cash /Money Order only)

Registration Deadline: June 30, 2015 (Mail payment to address above)

Date _____ Signature of Parent or Guardian: _____

Youth Group Medical Release Parent Permission/Health & Liability Form Waiver

I, the parent/guardian of _____ allow him/her to be involved in all of the Bethel Sports Camp activities on **Saturday, July 11, 2015 (Rain Date: August 8, 2015)**. I

understand that all reasonable safety precautions will be taken at all times by Bethel AME Church and volunteers. I understand the possibility of unforeseen hazards and the inherent possible risks.

1. Does your child have any physical disabilities or allergies that will affect your child during this event?

If yes, please explain: _____

2. Does your child require the dispensing of prescribed medications during this event? If yes, please list (over- the-counter medications will not be dispensed): _____

I authorize treatment by licensed medical personnel deemed necessary for my child in the event of a medical or dental emergency. In consideration of the minor's participation in Bethel's Sports Camp, I/we agree to release, indemnify and hold harmless Bethel AME Church and all volunteers from any liability for injury, disease or damages from said participation.

Parent/Guardian Signature: _____ Date: _____