



Optional Afternoon Activities Camp
(entering 1st - 6th graders ONLY)

This year there will be an optional afternoon activities camp. Directly following the closing of VBS each day, children who register for the afternoon camp will have exposure to team sports and other activities.

DETAILS:

- July 15 - 19
- 2 p.m. – 5 p.m. (pick up no later than 5:15 pm)
- Afternoon snack provided
- Please note that the Afternoon Camp will only be available based upon a minimum number of registrants.

Fee: \$10 per child

Please make checks payable to Cumberland Church and mail in with your VBS form.

Child's Name: _____ Birth Date: _____

Male Female Choice of sport: Volleyball Softball

Address: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's E-mail: _____ Father's E-mail: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the afternoon Sports Camp at Cumberland Church. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff, Cumberland Church, the sponsoring organization, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills 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 child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp.

Signature of Parent or Guardian: _____ Date: _____

Name of Parent or Guardian: _____