

To ensure the quality and safety of the camps, we are limiting the number of participants to 75 K-1st graders and 75 2nd-6th graders. Please register early.

You may register online at www.theheights.org or you may return a completed Registration Form to The Heights Baptist Church during the normal business hours of 8:30 am - 5:00 pm.



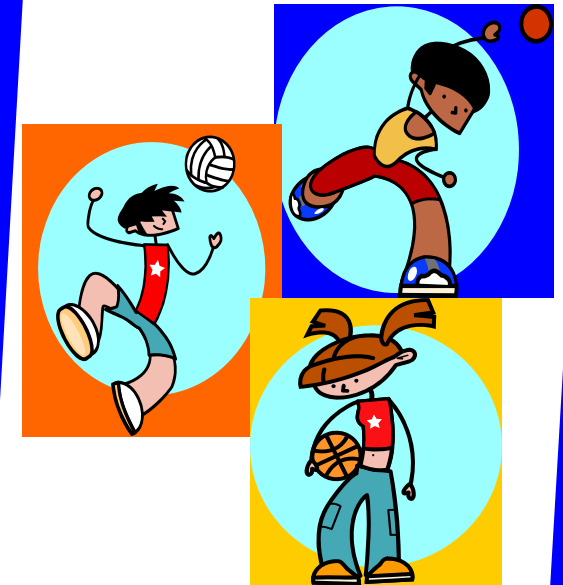
For more information contact:
Annette Ard
972-231-6047 x267
aard@theheights.org

201 W. Renner Rd.
Richardson, Texas 75080
972-238-7243 www.theheights.org



The Heights
Baptist Church

SUMMER SPORTS SCENES



Scene #1 is Tuesday & Thursday
July 6 and 8, 2010

Scene #2 is Wednesday & Friday
August 4 and 6, 2010

SUMMER SPORTS SCENES

At The Heights Baptist Church
are

**FANTASTICALLY FUN SPORTS
DAY CAMPS** for children who have
completed grades K-6!!

During each **SUMMER SPORTS
SCENE** camp children will learn and
play a variety of sports and active
games. Camps will include:

- Basic Sports Skills Instruction,
 - Fun Athletic Drills,
- Friendly Competition, • Snacks,
 - Daily Devotional Lessons,
and more!!



SCHEDULE:

K-1st grade:
9 am - 12 pm

2nd-6th grade:
1 pm - 4 pm

COST:

Each Two-Day Camp
is **\$25 per child**
and will include
a daily snack
and beverage.



REGISTRATION FORM

Last Name _____ First Name _____

Gender ____ Grade Completed ____ Church (if you attend) _____

Home Address _____ City _____ State ____ Zip _____

Father/Guardian _____ Mother/Guardian _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, diabetes, or any other significant medical condition? **YES NO**

If yes, please describe condition: _____

If you wish to have your doctor contacted in case of emergency:

Doctor's Name _____ Phone _____ City _____

EMERGENCY MEDICAL AUTHORIZATION (from Parent or Guardian listed above)

I, the undersigned parent or legal guardian of the individual listed above, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please call the following emergency contact:

Name _____ Relationship to minor _____ Phone _____

Authorized Signature of Parent or Legal Guardian _____ Date _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the undersigned parent or legal guardian of the individual listed above, a minor, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of The Heights Baptist Church are primarily administered by adults and youth (age 16 and older) who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless The Heights Baptist Church, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in an event sponsored by The Heights Baptist Church, including any physical injury by the negligence of any official, referee, coach or other recreation staff member while performing his/her duties during any practices, games, or other recreation/sports activities.

Authorized Signature of Parent or Legal Guardian _____ Date _____