



Vacation Bible School is for children 4 years old through completion of 5th grade. Through Bible stories, music, recreation, crafts, and snacks, children will learn about the one-of-a-kind love Jesus gives.

COST: Free



Our basketball camp is open to BOYS AND GIRLS who have completed Kindergarten through 5th Grade. First Baptist strives to insure that every child is a winner by sharing the

love of Jesus with each player, coach, referee, and family member. We want to help every player grow as Jesus did - spiritually, physically, mentally, and socially. Every player will learn to develop character, an understanding of sportsmanship, and a respect for authority in any situation, on and off the court. We want to help every player develop self-esteem and a sense of personal value by teaching every player the fundamentals of basketball and helping them grow in their understanding and enjoyment of the sport.

Cheerleading Camp is a great opportunity for kids to improve their athleticism and Christian walk. All the basic techniques will be taught, including stunts, jumps, tumbling, and how to get the crowd involved. Children will also have a chance for Bible study with devotionals and testimonies from the instructors themselves.

COST: Early Registration (before June 2) - \$100 per child After June 2 - \$125 per child

FIRST BAPTIST CHURCH OF TALLAHASSEE 108 west college avenue | 850.222.5470 | fbctlh.org

2014 VBS + UPWARD CAMP REGISTRATION FORM

Last Name	First Name	MI	Gender	Phone	Birthdate	Age	Grade Completed	
Street Address City		City	State	ZIP	_	Parent Email		
Church You F		Guest Of						
CHECK ONE:								
Attending Vacation Bible School only			BASK	BASKETBALL/CHEERLEADING CAMPERS ONLY				
Attending VBS + Basketball Camp			Bring	Bring a paper bag lunch each day (drink provided)				
Attending VBS + Cheerleading Camp			Please	Please select t-shirt size:				
Does your child have any disabilities, injurie	—— Adult	Addit - O IVI L XL						
If you wish to have your doctor contacted in case of emergency:				PLEASE READ CAREFULLY AND SIGN EMERGENCY AUTHORIZATION I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, acting in the capacity of activity supervisors 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 contact the emergency contact listed. Authorization Signature:				
Doctor's Name: I authorize my child to be photograph CONTACT INFORMATION	EM I, th auth to c eme							
Father/Guardian:								
Work Phone:								
Employer: Mother/Guardian: Work Phone: Employer:	I, th part ack indi grar	I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that in consideration of accounting the registration of the named						
Emergency Contact:			rela	ting to any physical inju	ury that may result to s	said individual w	hile participating	
Emergency Contact Phone:	refe	in a summer camp, including any physical injury by the negligence of any official, referee, or coach while performing his/her duties during any practices, games, or camp activities of any kind.						
Please list any other adult who may pick your child up:			Pare	Parent/Guardian Signature:				
Name:			Date	- Date:				
Relationship:								