

MERE

Conquering Challenges with God's Mighty Power

June 15-19 9:00am-12:00pm

also available: Basketball + Cheerleading Camp

12:00pm-5:00pm



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 (by June 3) - \$100 per child After June 3 - \$125 per child

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

2015 VBS + UPWARD CAMP REGISTRATION FORM

Last Name	First Name	MI	Gender	Phone	Birthdate	Age	Grade Completed	
Street Address		City	State	ZIP		Parent Email		
Church You Regularly Attend				Guest Of				
CHECK ONE:			D					
Attending Vacation Bible School only				BASKETBALL/CHEERLEADING CAMPERS ONLY Bring a paper bag lunch each day (drink provided)				
Attending VBS + Basketball Camp			PI	Please select t-shirt size:				
Attending VBS + Cheerleading Camp				Youth - S M L XL				
Does your child have any disabilities, injuries, allergies, or asthma?			۵	Adult - S M L XL				
If yes, please state condition:								
If you wish to have your doctor contacted in case of emergency: Doctor's Name: Phone:				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.				
I authorize my child to be photographed	EI , ' au to							
CONTACT INFORMATION								
Father/Guardian:								
Work Phone:	_ Mobile Phone:							
Employer:				AIVER OF LIABILITY,				
Mother/Guardian:				the parent or guardian of articipation in athletic eve				
Work Phone:			ac	knowledge that in consi dividual and permitting th	deration of accepting ne voluntary participat	the registration of said indiv	of the named idual in its pro-	
Employer:			gr	ams, I hereby release, d nployees, volunteers, an	ischarge, and hold ha	rmless the First	Baptist Church, its	
Emorranou Contact			re	lating to any physical inju	ury that may result to s	said individual w	hile participating	
Emergency Contact:			re	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				
			Ca	amp activities of any kind	l.			
Please list any other adult who may pick your child up:		Pa	Parent/Guardian Signature:					
Name:			Da	Date://				
Relationship:								