

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

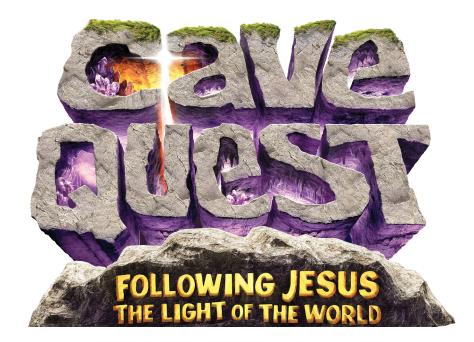


Our basketball camp is open to BOYS AND GIRLS who have completed Kindergarten through 5th Grade. First Baptist strives to insure that every child is a winner by sharing the

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 1) - \$100 per child After June 1 - \$125 per child



JUNE 13-17, 2016
Vacation Bible School

9:00am-12:00pm

also available:

Basketball + Cheerleading Camp

12:00pm-5:00pm



108 west college avenue | 850.222.5470 | fbctlh.org

2016 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 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:				
				Youth - S M L XL				
Does your child have any disabilities, injurie If yes, please state condition:	Addit	- Adult - S M L XL -						
If you wish to have your doctor contacted in case of emergency:				PLEASE READ CAREFULLY AND SIGN				
Doctor's Name:	Phone:		EM	ERGENCY AUTHOR				
I authorize my child to be photograph	auth	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:						
CONTACT INFORMATION	eme							
Father/Guardian:	Autl							
Work Phone:	Mobile Phone:			-				
Employer:			**/ '	IVER OF LIABILITY,				
Mother/Guardian:			part	e parent or guardian o iicipation in athletic eve	ents necessarily involve	es risk of physic	al injury. I further	
Work Phone:			ack	nowledge that in consi vidual and permitting tl				
Employer:				ms, I hereby release, d ployees, volunteers, an				
Emergency Contact:			rela	ting to any physical injusted in its summer camp, including	ury that may result to s	aid individual w	hile participating	
Emergency Contact Phone:			refe	ree, or coach while pe np activities of any kinc	rforming his/her duties			
			Pare	ent/Guardian Signature	o:			
			Date	e:/				