

CrossRoads Nazarene Church

Registration Form

Rock Solid Camp

June 2-6, 2008 (6:00-8:45 PM)

For Office Use Only	
Paid: Cash / Check #	_____
Signed Front / Back	_____
Entered on Computer	_____

Please Check One: Sports Camp: _____ Basketball _____ Soccer _____ Cheer _____
 Triple Threat: _____ Indoor Games, Crafts, and Edible Treats

Shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L

Student's name _____ Today's Date: _____

Birthdate: _____ Age _____ Grade Completed: _____ Male _____ Female _____

Address _____

City _____ Zip _____ Home phone _____

Parent(s) Name(s) _____

Cell Phone _____ Email _____

Emergency Contact & Phone # _____

Invited By: _____

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CrossRoads Nazarene Church ♦ 2950 W. Ray Road ♦ Chandler, AZ 85202 ♦ 480-722-0700

Liability release

We will be videotaping the children during the week of Rock Solid Camp. This tape will be used for the closing programs and for future promotions at CrossRoads Nazarene Church. Please sign below giving permission to use your child in the video tape.

We the undersigned parent or legal guardian for _____ do hereby release and agree to hold harmless CrossRoads Nazarene Church and the representatives thereof from any and all liability, claims, and demands for injury, sickness, or death which may be occurred by my child in the course of participation in the Rock Solid Camp. We give authorization for the church to provide transportation and obtain medical treatment if necessary.

Parent's Signature

Date

Phone Number/Cell Phone