



2010 Basketball Skills Camp

for Rising 4th – 8th graders

Hosted by Blue Ridge Christian Academy



Location: First Baptist Church of Gowensville (intersection of Hwy. 101 & Hwy. 14)

Date: July 26 – 30

Time: 9:00 a.m. – 12:00 p.m.

Cost: \$75, including t-shirt and water bottle

Limited to first 50 applicants

Name: _____

Address: _____

Daytime Phone #: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Grade entering in August: _____

Primary Insurance Co. _____ Policy # _____

Family Physician Name: _____ Phone #: _____

Are there any medical conditions of which we should be aware?

Yes

No

If yes, please list in detail:

Medications currently being taken: _____

Allergies: _____

Parent or Guardian of Athlete

Participant, _____, has my permission to participate in any and all camp activities sponsored by Blue Ridge Christian Academy. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above. If, during the course of my daughter's/son's activities training and/or conditioning, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume all financial responsibility for the bills incurred through my insurance company. I will not hold the camp staff or the church location responsible for any injuries that may occur to my child.

Signed _____ Relationship: _____ Date: _____

Payment is due at time of registration.

Checks should be made payable to "BRCA" and mailed with completed registration form to:

Basketball Skills Camp
c/o Blue Ridge Christian Academy
424 Highway 101
Landrum, SC 29356

For more information, call (864)895-9008 or email office@brca.us

