

Aletheia Christian Academy

Elementary Summer Sports Camps



**Please send in to the front office with payment 2 weeks prior to camp.*

Soccer Camp (Boys and Girls):
 Cost: \$60
 June 20, 22, 24 2nd-6th Grade 9:00– 11:00am

Softball Camp
 Cost \$50
 July 6-7 2nd-6th Grade 9:00-11:00am

Volleyball Camp:
 Cost: \$75
 June 20-23 2nd-6th Grade. 3:00pm-5:00pm

Baseball Camp
 Cost \$60
 July 11-13 2nd-6th Grade 9:00-11:00am

Basketball Camp
 Cost \$75
 June 27-July1 2nd-6th Grade 9:00-11:00am

Cheer Camp:
 Cost: \$50
 July 14-15 K5-6th Grade 10:00am-12:00pm

Student Name: _____ Age: _____

Address: _____ Phone: _____

Parent's Name (printed): _____

Sports Consent and Release Form

I/we the undersigned parent or guardian, hereby give consent for my child, _____, to participate in the sports clinics sponsored by Aletheia Christian Academy. If my/our child has a medical condition or conditions which may be relevant to a physician in the event of an emergency, I/we have listed them below. In the event of an emergency, I/we can be contacted at the telephone number(s) listed below. If I/we cannot be reached, I/we hereby authorize the coaching staff of Aletheia to make emergency medical decisions for my child.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still occur. I/we understand that there are risks/dangers involved with participating in sporting events. In consideration of my child being allowed to participate in the sports clinics, I/we agree to hold blameless Aletheia Christian Academy, its directors, employees, agents and representatives, including volunteers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. I/we expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

 Father or Guardian Signature

 Mother or Guardian Signature

 Date

 Emergency Phone Number(s)

Medical Condition(s): _____

Known Allergies: _____