



WOODLAWN

CHRISTIAN CHURCH

- Sports Camp 2018 -

July 9th-13th

10am-12pm

Parent Information

Name: _____

Address: _____

Phone: _____

Email: _____ Home Church: _____

Emergency Contact: _____ Phone: _____

Child Information

Name: _____

Date of birth: _____ Grade (This Fall) _____

Allergies/Special Needs: _____

Sport _____

Please check:

- I give permission for my child/children to be photographed during Sports Camp.
- I give permission for my Child/Children's photo to be used on the church web page and social media.

Sports Wavier

I _____ understand that Woodlawn Christian Church is not liable for any injuries that could occur during Sports Camp. I give permission to Woodlawn Christian Church to seek medical attention for _____ until my arrival.

Parent Signature: _____

Date: _____

