

REGISTRATION FORM

Camper's Name(s) | Age(s): _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ M/F: _____

Birth Date(s): _____ Grade Completed: _____

Name of School: _____

Church: _____

Parent/ Legal Guardian: _____

Work Phone: _____ Cell: _____

Parent Email: _____

Emergency Contact: _____

Phone: _____

Medical Conditions or Allergies: _____

(Please attach a second sheet with further information if necessary)

T-Shirt Size:

Youth: S M L XL XXL XXXL

(If multiple campers write in quantities next to size)

If a New Camper, how did you hear about Push The Rock?

Payment

Check or money order enclosed for \$ _____

Authorization signature: _____

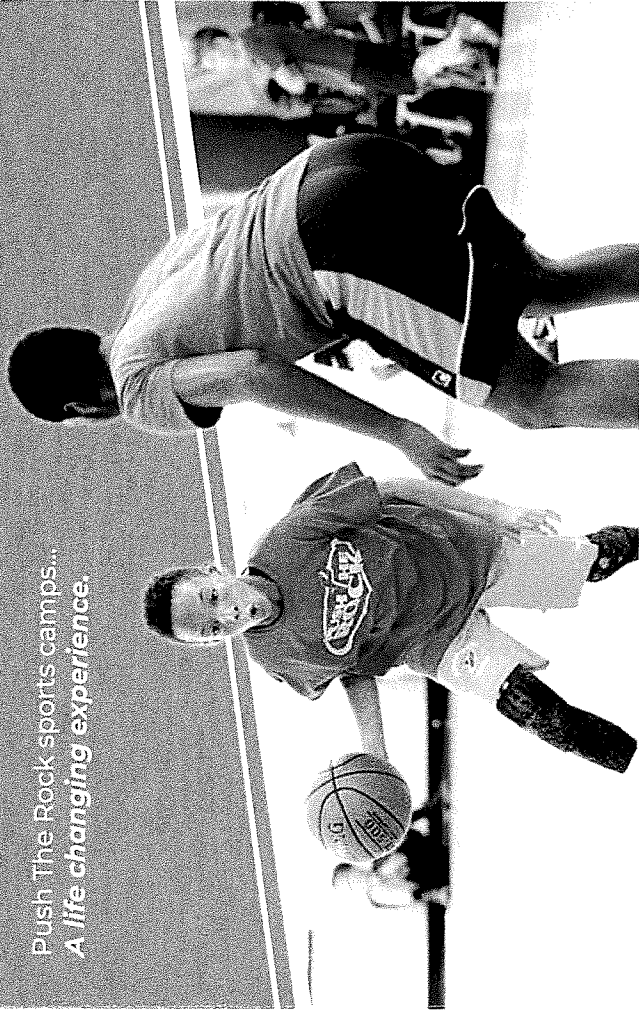
I have completely read and approved this application and agree to the terms stated herein. I also give my permission for the applicant to participate in all activities as they pertain to his/her program. I authorize Push The Rock to hereby use any pictures or video for promotional use.

Signature of parent / guardian completing this form

SUMMER SPORTS CAMPS 2019



Push The Rock sports camps...
A life changing experience.



FIND A CAMP NEAR YOU!

Offering camps in Bucks, Montgomery and Berks Counties and in New Jersey

Avoid a summer on the sidelines and get in the game... Register today!

Registration information for each location can be found at pushtherock.org

Financial Assistance Available

For questions regarding registration, please call Mitch Thomas, District Manager, at 302-530-5567 or visit pushtherock.org

Sports Include:

- Coed All-Sports
- Kinder All-Sports
- Coed Basketball
- Boys' Basketball
- Girls' Volleyball

Proven Athletic Instruction - Distinctly Christian Environment