

WELCOME to the Chester Christian Center Fundamental Sports Camp for boys and girls ages 3-10.

NAME: _____ **Circle One: Boy or Girl** **AGE:** _____
(Athlete's First and Last)

Parent/Guardian Name and Cell Phone #: _____

Parent/Guardian Email: _____

By registering your child for this event you are giving consent for participation and understand the risks involved with sports and will not hold Chester Christian Center A/G or volunteers responsible due to accident or injury.

Also, understand that each week, your athlete will need tennis shoes, proper attire for athletic exercise, and a water bottle.

Visit <http://www.chesterchristiancenter.com/> to download an emergency medical form and for more summer events

WELCOME to the Chester Christian Center Fundamental Sports Camp for boys and girls ages 3-10.

NAME: _____ **Circle One: Boy or Girl** **AGE:** _____
(Athlete's First and Last)

Parent/Guardian Name and Cell Phone #: _____

Parent/Guardian Email: _____

By registering your child for this event you are giving consent for participation and understand the risks involved with sports and will not hold Chester Christian Center A/G or volunteers responsible due to accident or injury.

Also, understand that each week, your athlete will need tennis shoes, proper attire for athletic exercise, and a water bottle.

Visit <http://www.chesterchristiancenter.com/> to download an emergency medical form and for more summer events