



Arise Kids

2018 Summer Basketball Camp Registration Form

Date: 8/13/18 - 8/17/18 Monday - Friday

Time: 9am - 3:00pm Full Day Camp

Extended Care available: 8am - 9am; 3pm-5:30pm

Camp fee: \$160, **Early Bird pay in full by 6/24 is \$150 w/free morning extended care**

Location: Arise Church (42828 Albrae Street, Fremont, CA 94538)

Basketball Camp are for Kindergarteners - 6th graders

Campers will learn the basics: Footwork, Dribbling, Passing, Shooting, Teamwork, Patience, Integrity, Sportsmanship, Humility, Best Effort and much much more!

The camp will be led by Pastor Patrick Lee, a Sports Minister, and a team of assistant coaches/helpers. Campers need not have any previous experience. Just bring a water bottle, a bag lunch(**lunch is not included**), and an attitude to learn and have fun.

Child's First/Last Name	Grade (Fall)	Age	Sex (M/F)	Child's basketball experience (yrs)

Extended Day Care		
8:00-9:00am	\$15/week	Yes / No
3:00-5:30pm	\$30/week	Yes / No

Child's school: Name _____ City _____

Father's Name _____ Mother's Name _____

Address _____ Phone _____

Father Email _____ Mother Email _____

Parent volunteers in Basketball class No/Yes Select dates 8/13, 8/14, 8/15, 8/16, 8/17

Liability/Wavier/Consent Form

I give Arise Church permission to take photos and videos of my child while my child participates in the Arise Kids children program. I give consent to Arise Church to use the videos and photos to be used in Arise Church promotional materials and website. I also give Arise Church permission to show Christian related videos or songs while my child participates in the class.

In the event of a medical emergency, I hereby give the volunteer or staff authorization to act for me according to their best judgement for my child in an event of emergency. I know of no mental or physical problems which may affect my child's ability to safely participate in this camp. I understand that ARISE Church will not be held liable or responsible for any injury or accident that is sustained by my child prior to, during, or after participation in this voluntary activity. I waive any claims of personal injury and release Arise Church (church, staffs and volunteers) from any liability of the event. I have read, understood, and agree with these conditions of this registration.

Father's Name _____ Father's phone number _____
Mother's Name _____ Mother's phone number _____

Parent/Legal Guardian Print Name _____
Parent/Legal Guardian Signature _____ Date _____

General and Emergency Contact Information

Child's Name _____ Birthday _____
Language(s) spoken at home: English/Mandarin/Cantonese
Attend church Yes/No If yes, church name _____
How do you know about this program? Attending Arise Church _____ Newspaper _____
Friends(Name) _____ Relatives(Name) _____ Website _____

Emergency Contact

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Medical Health Insurance: Yes/ No

Insurance Carrier _____

Food Allergies or other medical or health needs: _____

(If food allergies, please be very specific.)

Cancellation Policy: Refund 50% before 6/17, 30% before 6/24 (% of total payment)

www.arisechurch.us