



Dear Soccer Camp Parent/Guardian,

Thank you for your registration! We look forward to meeting you and spending time with your children, playing soccer, and learning about God. This letter outlines a few important details in the next step of your registration, and camp itself. Please expect emails providing information in the weeks before camp. If you have any questions or concerns, please contact Clement Wee at clement.wee@shawcable.com

Payment

- Please provide payment of \$100 up to **one week after registration**
- Make your cheque out to New Life Church or Cascade Community Church with Soccer Camp in the memo line, and mail in or drop off at the church office (cash also accepted):

<ul style="list-style-type: none"> • New Life Church • 35270 Delair Road • Abbotsford, BC, V3G 2E2 • 604-852-1585 	OR	<ul style="list-style-type: none"> • Cascade Community Church • 35190 Delair Road • Abbotsford, BC, V3G 2E2 • 604-556-7000
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- Child Fitness Tax Credit is available, receipts will be sent via email

Medical Form and Waiver

- Please fill out and drop off/mail in the **attached medical form and waiver** with your payment

What AIA Provides

- Soccer balls (bring your own if you have one)
- Each camper receives an AIA t-shirt

What to Bring

- Lunch (we have a lunch break and two snack breaks each day)
- Plenty of water
- Sunscreen and a hat for hot weather
- Shorts and a t-shirt, running shoes (soccer gear is encouraged but not required)

Camp Schedule

8:30 am Check In & Greetings	12:00 pm LUNCH
9:00 am Welcome, Warm-Up & Game	1:00 pm Juggling
10:00 am Fast Foot Work & Drills	1:15 pm Euro Cup
10:30 am BREAK	1:40 pm BREAK
10:45 am Drills & Individual Instruction	1:55 pm World Cup
11:30 am Coach's Corner	2:45 pm Camp Wrap-Up



AIA Soccer Camp Registration

August 8-12, 2011

Child's Last Name _____ Child's First Name _____

Age _____ Child's Current Grade (2010-2011) _____ Male _____ Female _____

Child's Address _____

Child's Present School _____

Parent/Guardian Names _____

Contact Phone Number _____

Email Address (for updates and important information) _____

How did you hear about us? _____

Home Church (if applicable) _____

OFFICE USE ONLY:

Payment Received? Yes _____ No _____

Paid by: Cheque _____ Cash _____ Mastercard _____ Visa _____ Debit _____

Medical Form completed? Yes _____ No _____

MEDICAL FORM AND WAIVER

EMERGENCY INFORMATION

Camper's Name: _____

Emergency contact: _____

Sex: M F Date of Birth: _____

Emergency contact #: _____

BC Health Card #: _____

Medical Insurance #: _____

Camper Lives With: Both parents Dad Mom Other: _____

MEDICAL ALERT:

Has the camper ever had or do they currently have? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Neck Problems | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Fainting Spells | |

Has the camper had any of the following in the last year? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Overuse Injury |
| <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Fracture |

Please list any allergies the camper may have:

Please list any medications currently being used:

List any other health problems/important information relevant to camp safety:

PROTECTING YOUR PERSONAL INFORMATION

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in our camp ministry. This information will only be seen by our camp staff and will be kept in a secure place. Please contact our church for our complete privacy policy.

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at the Athletes in Action Soccer Camp. These activities include, but are not limited to, soccer warm-ups, drills, competitions, games, exercises, tournaments, walking to and from New Life Church and The Salvation Army Cascade Community Church, and various other activities related to soccer and physical activity during the hours of camp on the date(s) of August 8 – August 12, 2011.

For promotional or marketing purposes, New Life Church and The Salvation Army Cascade Community Church reserves the right to use any audio, video, and/or photography of participants participating in New Life Church or The Salvation Army Cascade Community Church facilitated events.

I, the undersigned, parent(s) guardian(s) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I or my emergency contact cannot be reached, I do hereby authorize an official of New Life Church or The Salvation Army Cascade Community Church to seek medical treatment for my child(ren) as necessary. I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless New Life Church and The Salvation Army Cascade Community Church, its officers, Board, agents, employees, or volunteers for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring with New Life Church or The Salvation Army Cascade Community Church. I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

I _____ (Parent/Guardian) have read, understood and agree with the above and hereby release and discharge all parties associated with this camp from any and all claims, demands, actions and causes of action that I/we or my/our child(ren) incur(s).

Signature of Parent/Guardian