



The Great Comeback Sports Camp

Come join us this summer

SOCCER CAMP

EVERY CAMPER RECEIVES:

- Camp T-shirt
- Daily Snack
- Camp Literature
- Daily take home Bible Studies

FEATURING:

- Christian Coaches
- Quality Sports Instruction
- Positive Role Models
- Daily Bible Times
- Skits and Fun

JULY 27-31, 2009

BOYS & GIRLS AGES 6-12

Camp Location: Shaffer Park, 1930 N. Shaffer Street, Orange
Camp dates/time: July 27 - 31 from 8:45am to 12:00noon
Sponsored by: Taft Avenue Community Church
Phone/website: 714-637-3220 / www.TaftAvenue.org
Cost: Postmarked on/before July 15:
\$45.00 per camper/\$120 maximum/immediate family
Postmarked after July 15:
\$50 per camper/\$135 maximum/immediate family

For your reservation, mail registration form with payment
(Payable to TACC) to 1350 E. Taft Ave., Orange, CA. 92865
attn. Soccer Camp



The Great Comeback Sports Camp

Taft Avenue Community Church REGISTRATION AND MEDICAL RELEASE

CAMPER'S NAME _____
ADDRESS _____
CITY _____ ZIP _____
AGE _____ GRADE _____ BIRTH DATE _____ MALE/FEMALE
SHIRT SIZE: (CIRCLE ONE) YS YM YL YXL AS AM AL
PARENT(S) NAME _____
HOME PHONE _____ WORK/CELL PHONE _____
EMAIL ADDRESS _____
HEALTH ISSUES/ALLERGIES _____
EMERGENCY CONTACT _____
PHONE _____

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing this form, you, as parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their used in promotional materials.

I give my child permission to participate in this activity and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Date _____

Signature of Parent or Guardian _____

FOR OFFICE USE
PAID: CASH / CHECK # _____
ENTERED ON ROSTER FORM SIGNED