

Chesterfield County Victory Sports Camp July 15-18, 2024 9:00 a.m.- 4:00 p.m.



Venue: Lower Macedonia Baptist Church
5267 Teals Mill Rd
Chesterfield, SC 29709

Sports-9am-noon
VBS:1pm-4
(lunch provided)

Cost: FREE

(All children who have *completed* grades
1 - 6 are eligible.)

Child's Name: _____ Grade Completed: _____

M F Birthdate: _____/_____/_____

Parents' names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents/Guardian Phone: (h) _____ (cell) _____

Email address: _____

Sport choice (circle one: unable to switch sports once camp begins):

Football Baseball Softball Basketball Cheer Volleyball Soccer

***Known Allergies & Health Concerns: _____

Do you currently attend a local church? YES NO

I/we authorize the VSO or its designees, to create, have and use photographs, slides, and videos
containing my child's image for its record keeping or marketing/public relations programs. YES NO

PARENT/GUARDIAN OF A MINOR CONSENT & HOLD HARMLESS/ PERMISSION TO TREAT INFORMATION

I, _____, being the parent/legal guardian of _____ have been informed of the above activity sponsored by Victory Sports Outreach, Inc. and Chesterfield County area churches hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold *Victory Sports Outreach, Inc., Lower Macedonia Baptist Church and sponsored churches*, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries by the minor listed on this form.

I do consent to any medical treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian (Printed Name): _____

Contact Information:

Lisa Robson: email: mlvrobson@gmail.com cell: (854) 529-0924