



Grace Christian School

8067 Atlee Road Mechanicsville VA 23111

Middle School Basketball Camp Authorization Form

Event:	Middle School Boys' Basketball Camp C.H.A.O.S. (Grades 6-8) "Christ Honored And Others Served"
Location:	GCS/Mechanicsville Church of Christ Gym
Supervising Staff:	Gerry Greene, Middle School Boys' Basketball Coach
Dates:	August 8 th -12 th
Times:	9:00 AM – 3:00 PM
Fee:	\$100 (This fee may be paid on Order Lunches beginning the week of July 11.)

Supervision: Students participating in the above described event will be supervised by GCS staff and volunteers.

Expectations: All students are expected to...

1. Follow the directions of the coaching staff.
2. Wear appropriate clothing and shoes.
3. Bring a packed lunch each day (water will be provided daily and lunch will be provided on Friday for all participants).
4. Adhere at all times to the requirements of the GCS Student Code of Conduct.
5. Be picked up on time by parents.

Registration Process:

Camp CHAOS is for GCS middle school students grade 6-8 interested in playing basketball during the 2016-17 school year. The purpose of the camp is to work on fundamental skills, plays, and build team unity. There are a variety of activities planned included guest speakers and coaches.

Students interested in registering for camp must register and pay the \$100 fee on the GCS Order Lunches site by Friday, August 5. (Camp rate is not prorated should a student need to miss a day of camp.) Parents must complete the form below before students may participate. The form may be returned to the main office, Mrs. Whitlow, or Coach Greene.

Please Return This Page

Name of Student: _____ Date: _____

Permission forms must be delivered to the main office, Mrs. Whitlow, or Coach Greene before participation is permitted.

Acknowledgement/Consent:

I request that the above-named student be allowed to participate in GCS Boys' Basketball Camp CHAOS and specifically consent to his/her participation. If any emergency medical procedures or treatment are required during this trip, I (we) consent to the event supervisor(s) taking, arranging for or consenting to the procedures or treatment at his/their discretion.

I understand and accept that the GCS does not carry accident insurance. It is the responsibility of the family to cover any related expenses. I expressly agree to reimburse GCS, its individual members, agents, employees and representatives, as well as service supervisors, for any losses, damages or injuries arising out of, during or in connection with the above-named student's participation in the trip, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian signature

Date

Parent/Guardian printed name

Cell phone number

Work telephone number

Parent/Guardian email: _____

In case of emergency, please call: _____/phone _____

Please list any medical concerns/information below:

Please list any medications your child takes daily: