

2022 Athletic Camp Registration

K-4th Grade Basketball Camp (June 6-8, \$75) _____

5th-8th Grade Basketball Camp (June 6-8, \$75) _____

4th-8th Grade Football Camp (June 20-22, \$75) _____

1st-4th Grade Volleyball Camp (June 28-30, \$75) _____

5th-12th Grade Volleyball Camp (June 2-3, \$150) _____

Name _____ Grade _____

Date of Birth _____ T-Shirt Size _____

Address _____

City _____ State _____ Zip Code _____

Guardian's Name _____

Cell Phone _____ Email _____

Allergies/ Medical Concerns _____

In case of emergency, contact _____

Phone _____ Alt. Phone _____

*Make checks payable to: **River City Believers Academy***

Mail or submit this form and payment to

RCBA Office ATTN: HOSEA STREDIC

16765 Lookout Road

Selma, TX 78154

Medical Release and Parental Consent

I hereby give permission for my student, _____, to participate with River City Believers Academy in the Athletic Camp(s) selected above.

As a parent or guardian, I understand that the school, staff, and coaches will try to prevent accidents, however, I fully understand that some activities at the Athletic Camps involve inherent risks to students regardless of all feasible safety measures that may be taken by the school. In consideration of the school's agreement to allow my child to participate in the referenced Athletic Camp(s), I agree to accept the responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this camp that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of the law by a trustee, employee, and/or agent of River City Believers Academy.

In the event it becomes necessary to obtain emergency care for my child, neither the school nor its employees and volunteers assume financial liability for expenses incurred because of an accident, injury, illness, and/or unforeseen circumstances. I authorize River City Believers Academy employees or volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment for my child.

Parent/Guardian Printed Name _____ Phone _____

Parent/Guardian Signature _____ Date _____



RIVER CITY
BELIEVERS ACADEMY