

Registration Form:



Child's Name _____ Grade in Fall _____

Address _____ City _____ St _____ Zip _____

T-Shirt Size (Circle One) YS YM YL YXL AS AM AL AXL AXXL

Phone Numbers: Work _____ Home _____ Cell _____

Parents' Names _____

Please Note: Cost varies per camp, please check prices and camp information carefully before selecting. The cost covers a T-shirt for each camp that is providing one—not all camps have T-Shirts. Campers need to pack their lunches and bring their own water bottles.

Please select from the camp listing below.

- June 7–11 FCS Girls Softball Camp, for girls entering 3rd–7th Grades, \$150 per student
- June 7–11 FCS Animal Antics Camp, for girls and boys entering 1st–4th Grades, \$150 per student
- June 28–July 2 FCS Eagles Girls Soccer Camp, for girls entering 3rd–10th Grades, \$150 per student
- June 28–July 2 FCS Eagles Boys Baseball Camp, for boys entering 4th–10th Grades, \$150 per student
- Various FCS Eagles Boys Soccer Camp
- July 5–9 (3rd–8th Grades), \$150 July 26–28 (9th–12th Grades), \$100
- July 12–16 BREAKDOWN Boys Basketball Camp, for boys entering 4th–10th Grades, \$150 per student
- July 19–30 SING, SPELL, READ, WRITE, boys and girls entering 1st–4th Grades, \$170 per student (workbook included)
- July 26–30 FCS Eagles Girls Basketball Camp, for girls entering 4th–9th Grades, \$150 per student
- August 2–6 FCS Eagles Girls Volleyball Camp, for girls entering 4th–9th Grades, \$150 per student



Registration Amount Enclosed: \$ _____

Please Mail Medical Waiver and Registration Form to:

Fredericksburg Christian Schools ATTN: Business Office, 9400 Thornton Rolling Road, Fredericksburg, VA 22408

Medical Treatment and Waiver of Liability Release

List any medical conditions that camp staff should be aware of. (use additional pages if necessary & attach to this form)

List any medications currently taking _____ List Allergies _____

Medical Insurance _____ Policy # _____

Emergency Contact (If different than parent information, please give details.) _____

I hereby give my permission for FCS camp staff to seek any needed medical treatment for my child while he/she is attending an FCS camp.

I specifically give my permission for necessary and emergency care to be given to (name of camper) _____

by Mary Washington Hospital and other medical treatment providers. I understand that emergency medical costs are my sole responsibility and not the responsibility of Fredericksburg Christian Schools. I, on behalf of my child, hereby assume risk and release and agree to hold FCS and its personnel harmless for personal injury or damage relating to camps, except where the injury or damage is caused by the gross negligence of FCS personnel. FCS is not responsible for lost property.

Sports Camp

I attest that my child has had a physical within the last twelve months and that the physical disclosed no medical conditions other than those listed above, that would make participation in this sports camp a risk. I also hereby acknowledge that participation in a sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury.

Parent Signature _____ Date _____