



It's all here:

- Fundamentals
- Teamwork
- Sportsmanship
- Devotions
- Camp T-Shirt

Don't let summer boredom get you down! Your children will have a blast and build confidence at First Assembly Christian School summer sports camps. Camps are open to students from all schools!



All Sports Camps are from 9:00 am until 12:00 Noon.

Don't miss out on the opportunity to participate, learn, and have fun at our sports camps. Sign up now! Forms are available from the Main Office, NetClassroom, and on our website at [www.facsmemphis.org](http://www.facsmemphis.org).

## Camp Dates & Costs

Please mark the camp/s your child will attend.  
**Registration cannot be completed unless form and payment are turned in together to the FACS school office c/o Judi Bramlett.**

Co-Ed Soccer  
 May 30 - June 2 - \$100 K4 - 8th Grade  
 Coach Tiffany Tidswell 901.606.7102  
**Location: Football Field**

Volleyball  
 May 31 - June 2 - \$80 Grades 4 - 8  
 Coach Jennifer Cox 901.581.5814  
**Location: 8636 Building Gym**

Boys' Basketball  
 June 12 -16 - \$100 Grades 3 - 8  
 Coach Dee Wilkes 901.831.2139  
**Location: 8636 Building Gym**

Cheer  
 June 19-23 - \$100 Grades SrK - 6  
 Coach Bailey Pillow 901.619.1434  
**Location: 8650 Building Gym**

For more information contact:  
 Joey Lowe 901.462.7260 (Cell)  
 or  
 Judi Bramlett 901.409.9194 (Cell)

Child's Last Name \_\_\_\_\_  
 Child's First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Grade in Fall '16 \_\_\_\_\_  
 School \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Guardian's Name \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Child's Medication \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 \_\_\_\_\_

Circle T-Shirt Size  
 YS YM YL S M L XL

Release  
 In consideration for your agreeing to accept my son/daughter, I hereby give my consent to medical and surgical treatment as may be needed in the judgment of the treating physician for my child. In the situation that I am not able to be contacted, I further agree to release and discharge Crusader Sports Camps, its agents and employees from all claims, actions, causes of actions or demands which I, my heirs or my assigns may have against Crusader Sports Camps, its agents or employees for any and all injuries known or unknown, which my child has or may incur by participating in the above described activity. I, the undersigned have read this release and agree to all the terms. I execute it voluntarily and with full knowledge of its significance. I hereby state that I am the natural parent or guardian of the child named therein.

Parent or Legal Guardian's Signature/Date

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