

## Camp Fee - \$75/camper

Payment Information: Please make checks payable to **FCA Volleyball** and return form along with payment to Freedom Christian Academy, 3126 Gillespie Street, Fayetteville, NC 28306, Attn: Wyndee Mathias. Payment may also be turned in at front desk of school during school hours.

For more information please contact Wyndee Mathias at [wmathias@fcapatriots.org](mailto:wmathias@fcapatriots.org) or (757) 677-6281.

<b>Parent's Initial</b>	<p><b>Parental Permission:</b> I, the undersigned, being the parent or legal guardian of the above named child, give my consent for the above named child to participate in all activities sponsored by <b>Freedom Christian Academy Volleyball Program</b>. I also give permission for FCA staff to obtain qualified medical and/or emergency personnel to administer necessary first aid in the event of injury to my child. I understand that the possibility of injury is inherent in participation in athletic practices and games. I also understand that neither FCA, nor anyone connected to FCA, will assume responsibility for accidents, medical, or dental, or other expenses incurred as a result of injuries sustained during participation in the <b>FCA Volleyball Program</b>.</p> <p>I also certify that my son/daughter has had a physical examination in the past year and that no physical limitations whatsoever were found that would prohibit his/her participation in practices and games conducted by FCA.</p> <p><b>Physician's name:</b> _____</p> <p><b>Physician's phone:</b> _____</p>
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<b>Parent's Initial</b>	<p><b>Insurance Release:</b> I, the undersigned, being the parent or legal guardian of the above named child, do hereby certify that we carry accident, health, and hospitalization policy on our child who is a candidate for participation in the <b>Freedom Christian Academy Volleyball Camp</b>. I have confirmed with our insurance agent that under the terms of policy, injuries incurred by our child during any participation as a member of the aforementioned team are covered by the policy.</p> <p><b>Insurance Provider:</b> _____ <b>Policy Number:</b> _____</p> <p><b>Insurance Agent's Phone:</b> _____</p>
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Statement of Agreement: I have read the information above and it is my desire for my child to participate in the FCA Volleyball Camp.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

<b>SCHOOL USE ONLY</b>	
Payment: _____	Date Received: _____
Check #: _____	Cash: _____