

COACH PHIL'S

VALOR SPORTS CAMP



AUGUST 5-9

9AM-3PM

EXTENDED CARE AVAILABLE UNTIL 5PM

Open to Valor Students
Incoming TK – 8th Grade

INVITE A FRIEND!
INQUIRE FOR DETAILS



PROCEEDS HELP SUPPORT
VALOR ATHLETICS/P.E. PROGRAMS



ACTIVITIES

- ★ Tie Dye Camp Shirts
- ★ Obstacle Course
- ★ STEAM Projects
- ★ Martial Arts
- ★ Innovative Team Games
- ★ Arts & Crafts
- ★ Nerf Battles
- ★ Water Day Extravaganza



\$350

for the entire week!

include aftercare - \$450

Payments Accepted: Cash or Check

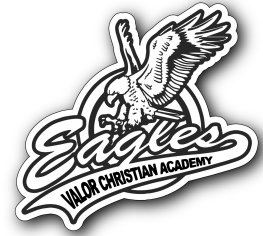
Checks payable to Valor Christian Academy

Camp held at Valor Christian Academy

Contact Coach Phil for more information: pbendik@valorca.org - (310) 292-3565



VALOR SPORTS CAMP 2024 Registration Form



Camp is open for Valor students and friends of Valor students.
If you are not a Valor student, please tell us who referred you.
Complete and Sign ALL forms and return to Coach Phil or Main Office
For more information, contact Coach Phil at pbendik@valorca.org or (310) 292-3565

Athlete's Full Name: _____ Gender: M F
Date of Birth: _____ Grade in September, 2024: _____

T-Shirt Size: YS – YM – YL – YXL – AS – AM – AL – AXL (circle one)

Address: _____
City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Relationship: _____
Email: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____
Employer: _____ Work Phone: _____

Parent/Guardian: _____ Relationship: _____
Email: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____
Employer: _____ Work Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Cell Phone: _____ Work Phone: _____
Name: _____ Relationship: _____
Cell Phone: _____ Work Phone: _____

AUTHORIZATION FOR ATHLETE PICKUP

When your athlete arrives to camp, it is your responsibility to escort your athlete onto the Valor campus and sign your child in at the information desk. You will also be required to sign your athlete out at the end of the day. Your athlete will NOT be released to anyone who does not have written authorization in your athlete's file.

Persons authorized to pick up my athlete (besides parents/guardians and emergency contacts):
Names:

Persons NOT authorized to pick up my athlete:



VALOR SPORTS CAMP 2024 Registration Form

Name: _____ has my permission to participate in the 2024 Valor Sports Camp. I absolve Valor Christian Academy (its staff and/or parent volunteers), from liability to me or my child because of any injury to my child while participating in this summer camp.

In the event our child becomes ill or sustains an injury while under the supervision of Valor Christian Academy, and if we cannot be notified, we give consent to any licensed physician and/or surgeon to administer treatment, drugs, and medicines and to perform such surgical procedures as needed for the relief of pain and preservation of life and health. Please initial each section below to indicate your approval for medical or first aid treatment:

Name of Physician: _____ Phone: _____

Allergies: _____

Medications: _____

Any Special Health Conditions: _____

Insurance Company: _____ Policy #: _____

PERMISSION TO TREAT – Please initial

____ A) **MEDICAL:** "I DO HEREBY CONSENT TO ANY X-RAY EXAM, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL SERVICE THAT MAY BE RENDERED TO SAID MINOR UNDER THE GENERAL OR SPECIAL INSTRUCTIONS OF THE ABOVE-NAMED PHYSICIAN THE SCHOOL MAY CALL."

____ B) **FIRST AID:** "I DO HEREBY CONSENT TO REASONABLE AND PRUDENT FIRST AID TO BE ADMINISTERED BY SCHOOL PERSONNEL TO THE SAID MINOR AS CIRCUMSTANCES WARRANT."

ADDITIONAL HEALTH INFORMATION:

Date: _____ Parent/Guardian Signature: _____



VALOR SPORTS CAMP 2024 Registration Form

As the camp date gets closer, please email Coach Phil for availability: pbendik@valorca.org

Valor Sports Camp
August 5 – 9

Valor Christian Academy
525 Earle Lane
Redondo Beach, CA 90278

Please indicate which programs you are registering for.

Valor Sports Camp: August 5 -9

- Sports Camp from 9am – 3pm (\$350)
- Sports Camp AND afternoon care from 9am – 5pm (\$450)

At this time, payment is available by cash or check.

Please make your check payable to 'Valor Christian Academy'

Please return your fee and completed forms to Coach Phil or the Main Office.

You may also mail your registration to Valor Christian Academy

How did you hear about Valor Sports Camp? _____

Fees Break Down

Camp Fee (9am – 3pm): \$350 for the entire week

After Care (3pm – 5pm): \$100 for the entire week

***All Fees Due at time of registration**

I understand that there are no refunds or make up days. Fees are not transferable. I understand all fees are due at registration. Last minute additions are subject to availability and fees are due at time of addition.

Signature: _____

Date: _____

Payment: Check is attached

Cash is enclosed

