

In consideration of participating in the 2012 FCA Boys' Weekend of Champions, I represent and understand the nature of this activity and that the participant is qualified, in good health, and in proper physical condition to participate in such activities. I authorize the administration of emergency medical treatment to who is subject to this form. FCA from time to time will photograph for marketing and production purposes; I authorize the use of these photographs. I understand all reasonable safety precautions will be taken at all times by the St. Louis Area Fellowship of Christian Athletes and or the camp facility will not be held liable for any accident, injury or disease incurred by the subject of this form. I give permission for a camp trainer or other camp professional to give over-the-counter medication as needed. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) on this form immediately.

Signed:

Parent or Guardian

Please mail form and payment to: FCA OFFICE
1400 S. Highway Drive Fenton, MO 63099



FCA Office
1400 South Highway Drive
Fenton, MO 63099

www.stlfca.org

(636)827-7100
Fax: (636)827-7111

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Young Men,
Grades 8 through 12

Friday, March 9th -
Sunday, March 11th

All God's Children
High Ridge, MO

2012 BOYS WEEKEND

Join **Jason Simontacchi**, former St. Louis Cardinal, and area high school athletes for an incredible weekend of competition and fellowship.



\$99 per camper

includes lodging, food, camp t-shirt and FCA Bible.

Deadline to register:

Monday, March 5th, 2012

Questions? Call the FCA Office at (636)827-7100.



Please pack:

Warm athletic clothes, two pairs of tennis shoes, towel, toiletries, flashlight, bedding for a twin mattress

Note:

Campers are responsible for their own transportation to and from camp.



Camp begins on **Friday, March 9th at 8:00 p.m.** and will conclude on **Sunday, March 11th at 1:30 p.m.**

All God's Children

**5919 Antire Rd, High Ridge, MO 63049
(636) 677-3777**

"I have been three times and I love it every time!" - Student Athlete

2012 Boys Weekend Registration

Student Name _____

School _____

Home Address _____

City, State, Zip _____

Home Phone _____

Student Cell Phone _____

Date of Birth _____

T-shirt size: _____

Email _____

Parent Email _____

Year in School _____

List any known medical conditions/injuries:

List any allergies:

List any physical restrictions to participation in athletic activity:

Family Insurance Information:

Company Name:

Policy #:
