

My child has permission to attend the Dominion Christian Basketball Camp. Enclosed is \$125 payable to Dominion Christian School. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Dominion Christian Basketball Camp. In the event of an emergency in which my child requires medical care, I authorize the staff of Dominion Christian Basketball Camp to act for me to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to such treatment including but not limited to hospitalization and surgery and will be responsible for any medical or other charges in connection with my child's attendance at the Dominion Christian Basketball Camp. I acknowledge that at the Dominion Christian Basketball Camp my child may risk injury. I specifically release the Dominion Christian Basketball Camp, its owners and staff, as well as Dominion Christian Schools from liability for any claim of damages which I or my child may have for injuries or illness that he/she may sustain at the Dominion Christian Basketball Camp.



**4607 Burnt Hickory Rd  
Marietta, GA 30064  
770-420-2153**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# BASKETBALL CAMP



**Dominion Christian School**

**June 8-11, 2025**



### Details

Directors: DCS Basketball Coaches

Time: 9:00-11:30 (grades 3-9)

Who: Boys and girls, Grades 3-9 (Entering the fall)

When: June 8-11, 2025

Where: Dominion Christian Schools' Gym

Cost: \$125

What: An exciting week of basketball including skill development, fundamentals, games and contests.

### Registration

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_ Grade in fall 2026: \_\_\_\_\_

T-Shirt: YL S M L XL XXL

Address: \_\_\_\_\_  
\_\_\_\_\_

### Parent's Information

Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Registration Information:

Please complete the registration section and turn it in to the school office by June 3th.

Please make checks payable to Dominion Christian School. Otherwise, please mail registration forms and checks to:

**Dominion Christian School**  
**Attn: Chris Schmidt**  
**4607 Burnt Hickory Road**  
**Marietta, GA. 30064**



### Emergency Information

Contact Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone: \_\_\_\_\_