







GRACE VALLEY CHRISTIAN CENTER SPORTS & FITNESS CAMP - 2026

"Let us run with perseverance the race marked out for us."

— HEBREWS 12:1 —

Come join the fun and excitement at this Christian summer camp! Kids will participate in small and large group drills and games. Our goal is to help boys and girls develop movement skills, increase fitness, learn to compete in a positive, team-oriented way, and build character.

Camp will conclude with a BBQ, raffle, and awards ceremony on Saturday, June 27.

JUNE 24-27 2026

Who? Students entering Kindergarten - Ninth Grade

Where? Grace Valley Christian Academy Playing Fields

When? 8:30 - 11:30 AM

JOIN THE FUN

Sign up by mailing your form and payment to:

GVCC Sports & Fitness Camp 27173 County Road 98 Davis, CA 95616

*Checks payable to GVCC

Scan for your Camp Form



COST

2+ participant price is a family rate

\$105 - 1 participant

\$200 - 2 participants

\$285 - 3 participants

\$360 - 4 participants

\$425 - 5 participants

QUESTIONS

Contact Camp Director, Jordan Ramalingam jordansramalingam@gmail.com | 530-304-1721



SPORTS & FITNESS CAMP - PERMISSION & CONSENT FORM | 2026

Please fill out one application per child attending camp
One payment per family is fine – make checks payable to GVCC

Date Rcv'd:

I. CAMPER INFORMATION										
Name (last, firs	t middl	٥)								
ivaine (last, iii s	IIIIddi	e)								
☐ Male T-Shirt Size				.026	Age		DOB	OOB		
(choose one)		Y-Small	□ Y-Med	□ Y-Large	□ A-Sm	all 🗆 A-Med		A-Large 🗆	A-XL 🗆 A-XXL	
II. PARENTAL INFORMATION										
Parent/Legal Gu	uardian	's name(s):			1		ı		
Home Address				<u> </u>	City			State	Zip Code	
Father Phone				Mother Phone	Mother Phone			Primary Email		
III. EMERGE	NCY	CONTA	CTS (MUST	BE AN ADULT	OVER AGI	E 18 OTHER THA	AN THE	PARENTS	5)	
Name				Re	Relationship			Phone		
IV. HEALTH	н & М	EDICAL	. INFORMATI	ON (IF NONE,	WRITE N	ONE)				
				,						
Health Condition	ons & F	Allergies (i	be specific)							
Medication (If y	our chil	d will requ	ire the administro	tion of medication(s) at this cam	b, you will need to con	nplete the	Medication .	Authorization Form).	
V. STATEMI	ENT C	F CON	SENT (READ	CAREFULLY ANI	D SIGN BEL	ow)				
The above-named camper has my permission to participate Grace Valley Christian Center's Sports and Fitness Camp at Grace Valley Christian Academy, from July 24 through 27, 2026.										
I, the undersigned, do hereby agree to indemnify, hold harmless, and release from any and all liability Grace Valley Christian Center/Grace Valley Christian Academy and its representatives from any injury which my son/daughter/legal care may suffer as a result of participation in this camp. I understand that GVCC/GVCA and any of its representatives are not responsible for any accidents or legal responsibilities incurred during this camp. I agree to release GVCC/GVCA and any of its representatives from any and all responsibilities.										
THE UNDERSIGNED, one of the parents having legal custody of aforesaid minor, hereby authorize Jordan Ramalingam, the director of this camp, into whose care said minor has been entrusted, to consent to X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-Ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.										
Parent/Guardi	ian Sig	nature			Relat	cionship			Date	

FOR GRACE VALLEY CHRISTIAN CENTER USE ONLY - to be completed by GVCC Staff

Amount:

Check #:

Rcv'd By:



SPORTS & FITNESS CAMP - MEDICATION AUTHORIZATION FORM

Camper's Name:					
Name of Medication	Diagnosis/Condition meds needed for	Dosage/ Frequency	Possible Side- Effects	Self-admin (Y/N)	
				(1111)	
Additional Remarks/	l Directions:				
		t/legal guardian of the child nar my and its representatives to a			
medication(s) to my chil	d. I agree to hold GV0	CC/GVCA and any of its repres	entatives harmless fro		
iability resulting from as	ssisting my child with m	edications in the manner direct	ted.		
Parent/Guardian Sign	nature	Parent/Guardian Name	Date	Date	
	MEDICAT	IONI ADMINISTRATIONI I	200		

MEDICATION ADMINSTRATION LOG To be completed by GVCC Staff ONLY

Date	Time	Medication	Dose Given	Administered By	Camper's Initials