



GRACE VALLEY CHRISTIAN CENTER SPORTS & FITNESS CAMP

"Be strong and do not give up, for your work will be rewarded."

— 2 CHRONICLES 15:7 —

Come join the fun and excitement at this Christian-based 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, and learn to compete in a positive, team-oriented way.

Camp will conclude with a BBQ, raffle, and awards ceremony on Saturday, August 9.

AUGUST 6-9

8:30 - 11:30 AM

Who? Students entering
Kindergarten - Ninth Grade

Where? Grace Valley
Christian Academy
Playing Fields

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*

COST

*2+ participant price
is a family rate*

\$95 - 1 participant
\$180 - 2 participants
\$255 - 3 participants
\$320 - 4 participants
\$375 - 5 participants

QUESTIONS

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



Grace Valley

CHRISTIAN CENTER

SPORTS & FITNESS CAMP – PERMISSION & CONSENT FORM | 2025

Please fill out one application per child attending camp

One payment per family is fine – make checks payable to GVCC

I. CAMPER INFORMATION				
Name (last, first middle)				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade in Fall 2025	Age	DOB
T-Shirt Size (choose one) <input type="checkbox"/> Y-Small <input type="checkbox"/> Y-Med <input type="checkbox"/> Y-Large <input type="checkbox"/> A-Small <input type="checkbox"/> A-Med <input type="checkbox"/> A-Large <input type="checkbox"/> A-XL <input type="checkbox"/> A-XXL				
II. PARENTAL INFORMATION				
Parent/Legal Guardian's name(s):				
Home Address		City	State	Zip Code
Father Phone		Mother Phone	Primary Email	
III. EMERGENCY CONTACTS (MUST BE AN ADULT OVER AGE 18 OTHER THAN THE PARENTS)				
Name		Relationship	Phone	
IV. HEALTH & MEDICAL INFORMATION (IF NONE, WRITE NONE)				
Health Conditions & Allergies (be specific)				
Medication (If your child will require the administration of medication(s) at this camp, you will need to complete the Medication Authorization Form).				

V. STATEMENT OF CONSENT (READ CAREFULLY AND SIGN BELOW)

The above-named camper has my permission to participate Grace Valley Christian Center's Sports and Fitness Camp at Grace Valley Christian Academy, from August 6 through 9, 2025.

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/Guardian Signature

Relationship

Date

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

Date Rcv'd:

Amount:

Check #:

Rcv'd By:



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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)
Additional Remarks/Directions:				

My signature below verifies that I am the parent/legal guardian of the child named above. I authorize Grace Valley Christian Center/Grace Valley Christian Academy and its representatives to administer the above listed medication(s) to my child. I agree to hold GVCC/GVCA and any of its representatives harmless from any and all liability resulting from assisting my child with medications in the manner directed.

Parent/Guardian Signature

Parent/Guardian Name

Date

MEDICATION ADMINISTRATION LOG

To be completed by GVCC Staff ONLY

Date	Time	Medication	Dose Given	Administered By	Camper's Initials