

LEARN TEAM PLAY!  
LEARN THE FUNDAMENTALS!  
LEARN PROPER TECHNIQUES!

## CLINIC INFO

### ALL SPORTS IN 1 WEEK!

*(certain age restrictions apply ... see below)*

Your child can participate in Basketball one night, Flag Football another, and Soccer and Volleyball the next nights! Or stay in the same sport the whole week! No need to pick and choose ... kids can decide that evening!

**Cost is \$50**

(includes t-shirt & snacks)

**Registration Deadline is  
July 2!**

### SOCCER

For those 4 years old to 8th grade this Fall



### FLAG FOOTBALL

For those entering K to 8th grades this Fall



### VOLLEYBALL

For those entering 3rd to 8th grades this Fall



### BASKETBALL

For those entering K to 8th grades this Fall



July 19 - 23 ■ 6:00 - 9:00pm

## WHY OCC YOUTH SPORTS?

Our mission is to love kids into a life-changing relationship Jesus Christ.



We've served the youth of our community for over 10 years.

OCC Youth Sports Leagues are teaching leagues designed to help your child learn the fundamentals of the game and of life while having fun and making friends.

Opportunities throughout the year: Flag Football and Volleyball in the Fall, Basketball in the Winter, and Indoor Soccer in the Spring.

**LET THE GAMES BEGIN!**

**OUTLOOK**  
CHRISTIAN CHURCH

6351 N. 600 W.  
McCordsville, IN 46055  
317.335.6815 Phone  
317.335.1394 Fax



**2010  
YOUTH SUMMER  
SPORTS CLINIC**



**July 19 - 23**

**6:00 - 9:00pm**



**ALL SPORTS IN 1 WEEK!**



# 2010 YOUTH SUMMER SPORTS CLINIC FORM

# OUTLOOK CHRISTIAN CHURCH

July 19 - 23 • 6:00 - 9:00pm

ALL SPORTS, 1 WEEK – Flag Football, Volleyball, Soccer & Basketball

PLEASE PRINT CLEARLY! You may photocopy this form for additional children in your household. One form per child, please.

Cost: \$50 includes t-shirt and snack.

Shirt Size (please circle): YS YM YL YXL/AS AM AL

YOUTH'S LAST NAME \_\_\_\_\_ YOUTH'S FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ GENDER (PLEASE CIRCLE) BOY GIRL

ADDRESS \_\_\_\_\_ DATE OF BIRTH MONTH / DAY / YEAR

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE ( ) -

SCHOOL \_\_\_\_\_ CHECK GRADE / AGE IN FALL OF 2010  4 YRS OLD  5 YRS OLD  K  1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH

Check Best Contact

FATHER – LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ WORK PHONE ( ) - EMAIL \_\_\_\_\_

MOTHER – LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ WORK PHONE ( ) - EMAIL \_\_\_\_\_

RELEASE and CONSENT FORM — NOTICE: We do not provide health insurance coverage for participants in athletic activities. We assume that the parents have this coverage. As parent and/or guardian of \_\_\_\_\_ YOUTH'S NAME \_\_\_\_\_, I consent to my child's participation in the Outlook Christian Church Youth Sport Clinic(s). I release and discharge Outlook Christian Church and anyone or any person representing Outlook Christian Church in any capacity from any liability claim or cause of action whatsoever arising out of any injury or illness that my child might sustain as a result of participating in the Youth Sport Clinic(s) or activities relating to this program or as a result of being on the premises of Outlook Christian Church even though caused as a result of facts whereby such persons or corporations would be responsible under principles of negligence, strict liability, or any other theory of liability.

In the event my child becomes injured or ill during the Clinic(s), I authorize the coach or his/her representative to secure first aid and/or the services of a physician or hospital and agree to assume any financial obligations incurred therewith.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN NAME PRINTED DATE

OFFICE USE ONLY Paid  Check #  Cash  Date / / Wait List

Send or Bring Form and Payment to:  
(checks payable to Outlook Christian Church)

Outlook Christian Church  
6531 N 600 W  
McCordsville, IN 46055



## QUESTIONS?

Ask our  
Sports Guy!

Lee Jones

Youth Sports  
Ministry Director

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