

# 2024 SPORTS CAMP REGISTRATION

### Perdido Bay UMC

A designed strength and conditioning program that ensures all youth will develop athleticism at their given level of endowment and be able to continue to participate in sports and physical activity throughout their life course.

## C.O.R.E. Principles

\* <u>Character Building</u>
When you perform an act, you create a habit. If you create a habit, you acquire a discipline. With discipline comes character, the very foundation of personal integrity. *Doing* and *being* go hand in hand.

\* Opportunities All youth need to be provided multiple opportunities to reach their potential. Youth need to get in shape to play a sport, not play a sport

to get in shape.

\* Recognition We recognize the fact that all youth need to learn fundamental motor

skills and movement patterns.

\* Environment Data indicates that 70% of youth drop out of youth sports by age 13.

The reason for this, it is no longer fun and lack of success. We will

provide an environment that promotes fun and success.

#### **How We Make a Difference**

Through our training and with your child's commitment, we will help them develop the following in our program:

- POWER
- EXPLOSIVENESS
- ❖ SPEED
- AGILITY
- 1st STEP QUICKNESS
- ENDURANCE
- ❖ STRENGTH
- ❖ INCREASE IN VERTICAL
- MENTAL TOUGHNESS
- ❖ CHARACTER
- ❖ DISCIPLINE
- ❖ NUTRITION



#### The Bottom Line

Positive development is the key to future leadership development. So is a healthy and active lifestyle.

**Transformance** is designed to further cultivate the gifts of mind, body and spirit for youth ages 8-18. As a program of the Perdido Bay UMC Activities Center, we believe that those who develop the inclination to perform are the ones who make a lasting difference for themselves and their community.

Perdido Bay UMC 13660 Innerarity Point Rd Pensacola, FL 32507 (850) 492-2135 or mike.pindel@gmail.com

## **Schedule**

Mon - Thurs

9:45-11:45am

\*\* Scholarships available Contact Ms. Rae: rae@perdidobay.church

\$100

#### **REGISTRATION & WAIVER**

Last Name	First Name (Goes by)	Date of Birth	Grade
	Emergency Phone		
Mother	Work #		
Father	Work #		
Address	City	Zip	
Email Address			
Please check the blank if you d	lo not want your son or daughter on social mo	edia	
appropriate. I certify that I curr	C Activities Center to secure medical attention rently have medical/hospitalization insurance	with:	
Signature	Company	Policy #	
In consideration of(Nat	OF LIABILITY for MINOR PAR', my minor child/ward (" me of child) //ITIES CENTER program, related events and acti	(Name of child)	"), being allowed to participat
and death, and while par  2. FOR MYSELF, SPOUS EVEN IF ARISING FROM PARISING PAR	, my child, and on behalf of my/our heirs, assigns. LD HARMLESS all the above Releasees from an IF ARISING FROM THEIR NEGLIGENCE, to the OF LIABILITY AND ASSUMPTION OF RISK GIVEN UP SUBSTANTIAL RIGHTS BY SIGNI	nay reduce this risk, the risk of ASSUME ALL SUCH RISK or others, and assume full responsible of the respons	f serious injury does exist; and, as, both known and unknown, consibility for my child's son. If I observe any unusual elf from participation and bring next of kin, HEREBY RELEASE articipants, sponsoring agencies, casees"), WITH RESPECT TO on my child's involvement or EES OR OTHERWISE, to the next of kin, HEREBY my involvement or participation in aw.
(Parent / Guardian Signature)	Print Name)	Date	Signed:
UNDERSTANDING OF RISK I understand the seriousness of the and accept them as a participant.	e risks involved in participating in this program, m	y personal responsibilities for	adhering to rules and regulations,

(Parent / Guardian Signature) Print Name) Date Signed: