

REGISTRATION FORM

Name of Child _____

Age, at camp School/Grade _____

Offensive Position _____

Defensive Position _____

Parent/Guardian _____

Address _____

City State Zip _____

Home Phone () _____

Mobile Phone () _____

E-mail _____

Emergency Contact _____

Emergency Phone _____

Adult T-Shirt Size: (circle) M L XL XXL

Transportation Needed: (circle) Yes No

MEDIA RELEASE FORM

I hereby give permission to the SPAN Ministries/Baunfire news media to photograph/ video/ interview my child. It is my understanding that this photograph/ video/ interview or portions thereof will be used for public view.

I agree to participate in these projects without financial remuneration, and I understand that this releases SPAN Ministries/ Baunfire/ photographer/ interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/ video/ interview.

Name of Child _____

Parent/Guardian Signature: _____

Date: _____

CAMP SPONSORS

S.P.A.N. MINISTRIES

www.spanministries.org

BAUNFIRE
ATHLETICS

www.baunfireathletics.com

West Side
STORAGE

www.westsidestorage.net

REFLEXOLOGY Plus

www.reflexologyplus.com

FOR MORE INFO call 330.630.3190 or visit www.spanministries.org/nextlevel.htm

THE NEXT LEVEL

JUNE 17-20

BOYS & GIRLS AGES 9-14

SPAN Ministries
Co sponsored by:
BAUNFIRE ATHLETICS
at Dix Stadium at Kent State University

Helping boys & girls go to the next level on & off the field!

www.spanministries.org/nextlevel.htm

FEATURES & ADVANTAGES

All campers receive daily individualized instruction from a member of the camp staff.

Opportunities are provided to practice and perfect individual and team skills on a daily basis

No long lines, players get maximum number of repetitions.

Guest speakers

Achievement awards.

One Year long mentoring program linked to the camp

FOOTBALL CAMP REGISTRATION:

Please return, mail or email camp registration form by May 31st. Registration Days will be Fri, Sat, & Sun May 22nd - 24th at SPAN Ministries from 9:00am - 2:00pm. The first 100 campers to register will be insured a spot, those after 100 will be placed on a alternates/waiting list.

CAMP COSTS: FREE!

CAMP LOCATION:

Dix Stadium
Summit Rd.
Kent, OH 44242

MAIL TO:

S.P.A.N. Ministries
361 Northeast Avenue
Tallmadge, OH 44278

In case of rain, camp will be held at the Kent State Field House adjacent to Dix Stadium.

EMAIL: kbishop@spanministries.org

FREE CAMP JERSEY!

ALL campers that register will receive a **FREE OFFICIAL FLAG FOOTBALL JERSEY!**

FOR MORE INFO call 330.630.3190 or visit www.spanministries.org/nextlevel.htm

Camp will be held 5:00pm - 8:30pm Wed, Thurs, Fri and 12:00pm - 3:00pm Saturday.

SAMPLE DAILY SCHEDULE

5:00	Warm up
5:15	Drills
6:30	Team Drills / Practice
7:00	7 on 7 Scrimmage
8:00	Guest Speaker
8:30	Dismiss

CAMP DIRECTORS



Elder Kurran Bishop, Head Camp Director, is Director of Operations at SPAN Ministries & men's ministry leader. Elder Kurran is referred to as The General of the camp because he is responsible for making sure everything runs smoothly & for forming relationships with the parents and kids. "The General" graduated from Kent State University with his Masters degree in Architecture where he also ran track for 2 years.

Frank Smith, Assistant Camp Director, is Vice president & co-founder of Baunfire Athletics, & co-developer of the Official Flag Football Jersey. He too is responsible for helping make sure the camp runs smoothly by helping plan the camp & forming partnerships with area businesses.

COACHES



Antjuan Brooks was starting linebacker at **The University of Akron** from 1998-2002 & professionally on the **Canton Legends** arena football team. Coach Brooks is currently a sales manager with Diebold and a youth leader at SPAN Ministries.



Chris Wiggins played at Solon High School and graduated from **Edinboro University** where he was starting linebacker. Coach Wiggins currently teaches at Hope Academy in Bedford, OH and is a youth leader at SPAN Ministries.



Shawn Lazarus played at Northwest High School near Canton. He was starting defensive tackle at the **University of Michigan**. After a brief stint with the **Detroit Lions**, Coach Lazarus is now the Chaplain for The Akron Aeros baseball team and leads chapel for area football teams.

Jack Baun

Played wide-receiver at University of Cincinnati & coaches youth flag football.

Chuck Penzenik

Played safety & cornerback at Penn State University.

Phil Garner

Starting wide Receiver at Kent State University

Mark Woodson

Starting wide Receiver at Kent State University

MEDICAL INFORMATION

Student-Athlete Name _____

Emergency Phone _____

Allergic Reactions _____

Medication currently taking _____

Check if known to have any of the following conditions:

Diabetes Epilepsy Hemophilia Heart Condition

Past illness or other information that would be useful in the event that treatment is necessary: _____

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the 2009 Next Level Football Camp being held at Dix Stadium on the following dates: June 17th-20th.

In consideration for being allowed to participate in said activity, I hereby release, waive and discharge S.P.A.N. Ministries, its instructors, agents and employees from every claim, liability or demand of any kind sustained, whether caused by the negligence of S.P.A.N. Ministries or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine.

I further agree to indemnify S.P.A.N. Ministries from any loss, liability, damage or cost it may incur due to my participation in said activity in any way whether caused by S.P.A.N. Ministries or otherwise. In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by staff members or volunteers of S.P.A.N. Ministries or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity

Signature of Parent or Guardian _____

Date _____

the NEXT level