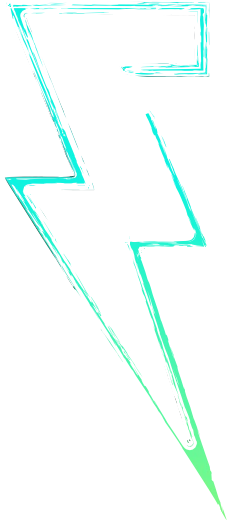


FREE!



JUNE 15-19, 2026

Ages 5-12

Join us for our **free** five-day summer camp for children ages 5-12. Participants can choose between **soccer, basketball, or arts & crafts** to play throughout the week. There will also be fun games, snacks, engaging Bible stories, and each participant receives a **free t-shirt!** The camp runs from **5:30-8:30pm each night**. We hope to see you there!

GLAD TIDINGS ASSEMBLY OF GOD

706 Central Road, Bloomsburg, PA 17815

(570)-784-0808 | gtagsembly@ptd.net | gtagsembly.com



2026 Mega Sports Camp Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Age: _____ (circle one) **Male** **Female**

SPORTS CHOICE (circle one)

Soccer (ages 5-12) (bring a soccer ball labeled with your name)

Basketball (ages 7-12) (bring a basketball labeled with your name)

NEW! **Arts & Crafts (Girls ages 8-12)** (Limited class size - Available to the first 12 to register)

T-shirt size (circle one) **Child:** XS S M L **Adult:** S M L XL

Parent/Guardian _____

Phone # _____

In case of emergency, contact _____ phone _____

_____ phone _____

Special concerns (allergies, medications, medical conditions, etc.) _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend MEGA SPORTS CAMP AT GLAD TIDINGS ASSEMBLY OF GOD. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during MEGA Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Date

Signature of Parent or Guardian

Please return **signed** form to:

Glad Tidings Assembly of God
706 Central Road