

# FCA GAME CHANGER WEEKEND 2011



**WANT TO BE IN FCA LEADERSHIP ON YOUR CAMPUS FOR THE 2011/2012 SCHOOL YEAR?  
THEN BE A GAME CHANGER ON OCTOBER 1 - 2, 2011**

**WHO: FCA Student-Athlete Leaders** (mandatory for 2011-12 leaders)

**WHAT: FCA GAME CHANGER WEEKEND**...the vision-casting and training for the new school year!!

**WHEN: OCTOBER 1 - 2, 2011** Check-in from 3pm - 4pm (Oct. 1)

**WHERE: Embassy Suites Hotel (Phoenix-Biltmore):** 2630 E. Camelback Rd., Phoenix, AZ 85016 602-955-3992

**WHY:** To enhance leadership skills, discipleship training, and learn the importance of competing as a Christian athlete

**COST: \$65 -**

Register by **FRIDAY September 23, 2011**

Online @ [www.azfca.org](http://www.azfca.org)

OR

**Make checks out to FCA**

and mail to: PO Box 34466

Phoenix, AZ 85067

OR

Contact the FCA offices @ 602-264-8575

## REGISTRATION INCLUDES:

hotel room (4 person occupancy)  
meals (sat. dinner, sun. breakfast)  
fca grab-bag  
leadership & ministry training materials  
Lots of FUN!

Detach and fill out the **registration form** below AND the **medical release form** on reverse side.

**QUESTIONS? CALL 602-264-8575**

## LEADERSHIP TRAINING REGISTRATION FORM

Please return completed registration form by September 23, 2011 to secure your spot!!

USE ONLY BLACK OR BLUE PEN

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: M / F  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE (in Sept '11) \_\_\_\_\_  
SPORT \_\_\_\_\_ SHIRT SIZE: S / M / L / XL / XXL CAN YOU SWIM? Y / N

### **PAYMENT BY CHECK OR CREDIT CARD - \$65**

CASH / CHECK - \$65

CREDIT CARD: DISCOVER VISA MASTERCARD AMEX (circle one) Today's Date \_\_\_\_\_

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CARDHOLDER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## MEDICAL RELEASE FORM

PARTICIPANT'S NAME \_\_\_\_\_ BIRTHDATE (MM/DD/YYYY) \_\_\_\_\_ GENDER: M / F  
EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
PAST HEALTH ISSUES \_\_\_\_\_ PAST INJURIES \_\_\_\_\_  
PRESENT HEALTH \_\_\_\_\_ MEDICATIONS \_\_\_\_\_  
DRUG SENSITIVITIES \_\_\_\_\_ ALLERGIES \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
NAME OF POLICY HOLDER \_\_\_\_\_

### PLEASE READ CAREFULLY

I hereby authorize the director of Fellowship of Christian Athletes to act for me in any emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician while attending FCA Leadership Camp and to assume all costs related to such treatment. I waive and release any and all rights and claims I have against FCA or its representatives for damages, which may be sustained by me or my student.

Parent's or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_