

New Day Christian Church
19th Annual CrossOver Basketball Camp
2026 Registration Form

Camper's Name: _____

Age: _____ Gender: _____ Grade: (2026-2027): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Parent or Guardian's name: _____

Home Phone: _____ Cell Phone(s): _____

Emergency Contact (other than Parent): _____ Relationship: _____

Phone number: _____

Name(s) of person(s) who may pick up this child from Camp: _____

Home Church: _____

T-shirt size: (**Check one**):

Youth: Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

Adult: Small _____ Medium _____ Large _____ X-Large _____

Does your child have food, drug or seasonal allergies? Yes ___ or No ___

If yes, describe: _____

Does your child have a physical condition that would affect their activity level? Yes ___ or No ___.

If yes, please list: _____

Insurance Information

Each person is to have medical insurance provided by the parent or legal guardian. I, the undersigned parent or legal guardian, declare that my child has medical insurance.

Insurance Company/Program _____ Policy No. _____

Emergency Authorization

I, the undersigned parent or legal guardian, hereby authorize the designated coach or church official acting as an activity supervisor, as my agent, to seek medical, surgical, or dental examination and treatment in the event of an injury.

Waiver of Liability and Disclaimer

I, the undersigned parent/guardian of the individual named below do hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to indemnify and hold harmless New Day Christian Church, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result from participation in this activity/activities. I/we agree to allow use of my/our likeness for program publicity. I/we acknowledge that I/we have read the above information and its contents.

Parent/Legal Guardian

Signature: _____

PRINT Name: _____

Date received: _____

Payment: _____ cash _____ check

Check # _____

New Day Christian Church
19th Annual CrossOver Basketball Camp
2026 Registration Form

The camp teaches basketball fundamentals, leadership skills, and character development. Coaching staff will include current and former men and women high school and college basketball players.

Location: **New Day Christian Church**

Dates: July 7th-10th for Rising 3rd-8th grades

Time: 9:00am-2:00pm Tuesday-Friday

Return completed application along with payment of \$40 to:

NDCC - (Please make your check payable to New Day Christian Church or NDCC)
1023 E Union Street
Morganton, NC 28655

You can also visit our website at www.newdaycc.com to print registration forms and pay in person on July 7th, the first day of camp, or choose the Pay Online option.

Please note that we have a camp registration limit of 80 children. Once registration reaches full capacity, registration will be closed and all incoming registration forms (in person and via mail) will be placed on a waiting list.

For more information call the church office at 433-8465 between 10am-4pm Monday, Tuesday & Thursday or email us at questions@newdaycc.com

Need based scholarships are available. Contact the church for more information. If you are interested in sponsoring a camper, please contact the church for more information.

Deadline to register is Thursday, May 28th..