

FELLOWSHIP OF CHRISTIAN ATHLETES BLACK MOUNTAIN COACHES CAMP

June 28 – July 2, 2021
Black Mountain, NC



FCA Coaches Camp

The Fellowship of Christian Athletes Coaches Camp is for married or single coaches and their families. Designed to minister, equip and encourage the entire family through fellowship, small groups, Bible study, fun competition and prayer!

Directions

Black Mountain Blue Ridge - Two miles off Interstate 40, fifteen miles east of Asheville. Traveling on I-40 take Exit 64, “Black Mountain/Montreat” and turn south on Highway 9. Proceed less than one-half mile and go straight on Blue Ridge Road. Travel .9 mile and turn left at small Blue Ridge Assembly sign, then proceed to our entrance.

info@yblueridge.org

Arrival

Registration officially begins at 12:00 noon on Monday, June 28th. Camp housing may not be available until later that afternoon. The first official camp meeting will be at 4:30 pm. The first meal is Monday evening at 5:30 pm.

Camp Give-A-ways

Each adult will receive an FCA Camp T-shirt, lanyard, notebook and FCA Bible. Each child will receive an FCA Camp T-shirt, lanyard and school-age children FCA Bible.

Special Notes

Nursery will be provided for children birth to 2 years of age. Exciting ministry programs will be provided for children 3-5 and 6-11 years old.

2021 Camp Theme

*“Pursue righteousness and a godly life, along with faith, love, perseverance, and gentleness”
1 Timothy 6:11*



What are you pursuing? When you pursue your goals in sports, what are you trying to achieve? Winning a championship? A spot on a team? Fans chanting your name? Breaking a record? Whatever it is, you sacrifice your blood, sweat, and tears to accomplish your goals. Your passion paves the way for fulfilling your dreams. God does the same for you. He pursues you. God loves you and accepts you as you are. Success is no longer

defined by your skills. With Him, you can leave the pressure of performance behind. With Him, you're already a winner. His sacrifice for you gives you significance. You have a new purpose when you play. Pursue the mission that He has paved for you: a relationship with Him.

2021 Camp Fees

Adult (12 – older) **\$560/adult**
Children (Ages 3 - 11) **\$310/child**
Children (0-2) **\$150/child**

Camp Staff Contacts

Brett Turner – Camp Director
Staceyandbrett15@gmail.com or (864) 616-5441

Stacey Turner – Camp Admin
sturner@fca.org or (864) 616-8751

Online Registration at

<https://carolinasfcacamps.org/coaches-camp>

or call 864-616-8751

Or you may enroll by:

1. Complete all sections on the attached enrollment form. **Please print using a black or blue pen. DO NOT USE PENCIL.**
2. Enclose a minimum deposit of \$100. After the start of camp, the deposit is nonrefundable. However, substitutions may be made. Discover, MasterCard, American Express and VISA payments are accepted credit cards.
3. **Balance is due before check-in at camp.**
4. Mail form(s) and deposit without delay to secure your place at camp. Space is limited.
5. Make checks payable to: **Fellowship of Christian Athletes and mail to
PO Box 1705
Seneca, SC 29679**

2021 FCA COACHES CAMP ENROLLMENT FORM

LAST NAME _____ FIRST NAME _____

GENDER M F DOB _____ SHIRT SIZE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SCHOOL / BUSINESS NAME _____

WORK PHONE _____ SPORT _____

Would you be willing to lead a clinic session? YES NO

Will you be participating in Huddle Competition? YES NO

Would you and/or your spouse be willing to serve as Huddle Leaders? YES NO

SPOUSE'S ENROLLMENT:

SPOUSE'S NAME _____

SPOUSE'S PHONE _____ SPOUSE'S EMAIL _____

SPOUSE'S DOB _____ SPOUSE'S SHIRT SIZE _____

CHILDREN'S ENROLLMENT:

CHILD'S NAME GENDER AGE GRADE SHIRT SIZE

_____ M F _____ _____ _____

_____ M F _____ _____ _____

_____ M F _____ _____ _____

_____ M F _____ _____ _____

_____ M F _____ _____ _____

WILL YOU NEED A BABY CRIB YES NO

If you have any housing restrictions or food allergies, please list: _____

PARENT / GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ EMAIL: _____

MEDICAL INFORMATION

- Does registrant have any known physical defect or illness which might interfere with their participation in strenuous activity? Yes _____ No _____

If yes please explain physical defect or illness: _____

- Does registrant have any severe allergies or reactions to drugs or medicines? Yes _____ No _____

If yes please explain your allergies or reactions: _____

- Is registrant presently taking any medications or on any special diet or exercise restrictions? Please include all over-the-counter medications such as Tylenol, etc. _____

- Please list specific details (name of drugs, dosage, etc. _____

- Does registrant have any emotional/social disabilities that would be helpful for us to be aware of?

Yes _____ No _____
Please explain the emotional/social disabilities: _____

- Does the registrant have any history of concussions? Yes _____ No _____

Please explain the history of concussions: _____

Date of last Tetanus shot: _____

HEALTH INSURANCE INFORMATION

Health Insurance: _____

Insurance company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

Medical Doctor Phone Number: _____

Other information leaders should know about the registrant: _____

PAYMENT INFORMATION:

(scan to sturner@fca.org)

Name on Card: _____

Address Associated to Card: _____

City: _____ State: _____ Zip Code: _____

Card Number: _____

Expiration Date: _____ Signature: _____

Amount Authorized: \$ _____

IF YOU ARE BEING SCHOLARSHIPPED

FCA STAFF PERSON / FCA ORG # _____ Amount Authorized: \$ _____



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