

**Fresta Valley Christian School's  
Competitive Speech and Debate Camp  
August 23-26, 2010  
1-4 pm**

Fresta Valley Christian School is offering a four-day camp for students and homeschoolers entering the 9<sup>th</sup> -12<sup>th</sup> grades who are interested in learning more about the Competitive Speech/Debate team.

**Camp** - Cost - \$20 to cover copy costs and snacks.

Camp activities include team-building exercises and exposure to each of the competitive events. Students will then be guided through the process of developing material for competition. This camp must be a priority for those who are new to the team and those who wish to participate in the competitive speech events. Choosing topics for original oratory and performance pieces in August gives adequate time to prepare before the first competition. **Attending the camp is not a commitment to join the team.**

**Contact Information:**

**Lisa Hailey** for questions about Debate & Student Congress - 540-364-1929, ext. 121 (school), 703-929-6427 (cell), [lhailey@frestavalley.org](mailto:lhailey@frestavalley.org)

**Diane King** for questions about Competitive Speech & Interpretive events - 540-364-1929, ext. 106 (school), 540-219-2503 (cell), [dking@frestavalley.org](mailto:dking@frestavalley.org)

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**Debate/Forensics Camp Registration Form**

Student's Name: \_\_\_\_\_ Grade in Fall '10: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Student's #'s (home) \_\_\_\_\_ (cell) \_\_\_\_\_ email address: \_\_\_\_\_

I am a \_\_\_\_\_ Fresta Valley Student \_\_\_\_\_ Home schooled student

I am interested in \_\_\_\_\_ debate events \_\_\_\_\_ speech events \_\_\_\_\_ undecided

Fee \$20 - Check #: \_\_\_\_\_ (made payable to FVCS) Cash \_\_\_\_\_

Mail to: Fresta Valley Christian School, 6428 Wilson Rd., Marshall, VA 20115; Attn: Diane King/Lisa Hailey

**Medical Release**

List any medical conditions that camp staff should be aware of \_\_\_\_\_

List any medications currently being taken \_\_\_\_\_

List any allergies \_\_\_\_\_

Please list any medical conditions that would prevent your child from participating in any camp activity, specifically any physical activity \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contacts:** Parents' phone numbers during camp hours

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Other emergency numbers – Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give my permission for Fresta Valley Christian School drama camp staff to seek emergency medical treatment for my child, \_\_\_\_\_, while he/she is attending the camp from August 23-26, 2010. I understand that emergency medical costs are my sole responsibility and not the responsibility of Fresta Valley Christian School. Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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