

FELLOWSHIP OF CHRISTIAN ATHLETES BLACK MOUNTAIN COACHES CAMP

June 22 – 26, 2026
Black Mountain, NC



FCA Coaches Camp

FCA Coaches Camp - The Fellowship of Christian Athletes Coaches Camp is for married or single coaches and their families. Designed to *Engage, Equip, and Empower* 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 22nd. 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.

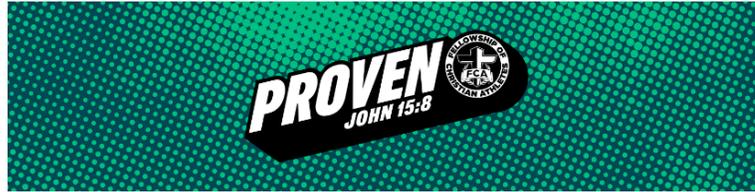
Special Notes

Nursery will be provided for children birth to 2 years of age. Exciting ministry programs will be provided for children 3-5 and 6-10 years old.

2026 Camp Theme

*“By this my Father is glorified that you bear much fruit
and so prove to be my disciples.”*

John 15:8



We're all trying to prove something: our spot on the team; being captain material; being accepted by our peers; earning success and accolades; even love. We put time and energy into doing all we can to fit into these spaces, but it leaves us exhausted and unfulfilled. But we don't have to keep striving to prove our worth; God has proven everything for us through His Son Jesus Christ. We simply receive what has already been done for us. We are proven in Him.

You don't need to prove anything; Jesus has proven it all.

*From proving my worth...
to PROVEN in Him.*

2026 Camp Fees

Adult (12 – older) \$660/adult
Children (Ages 3 - 11) \$420/child
Children (0-2) \$200/child

Camp Staff Contacts

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

Online Registration at
[FCA Black Mountain Coaches Camp 2026](#)

or call 864-616-8751

2026 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 if Yes what sport? _____

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 _____

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: _____

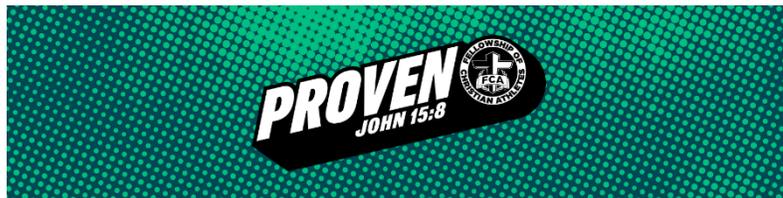
Card Number: _____

Expiration Date: _____ Signature: _____

Amount Authorized: \$ _____

IF YOU ARE BEING SCHOLARSHIPPED

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



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disciples
John 15:8*