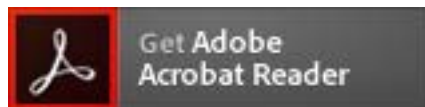


Directions for filling out the Summer Sports Clinic Application:

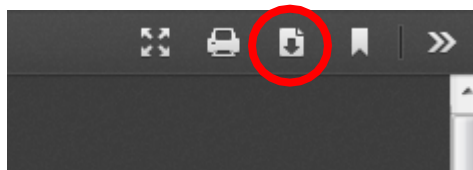
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

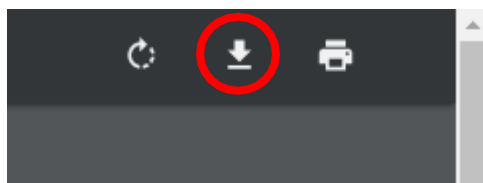


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

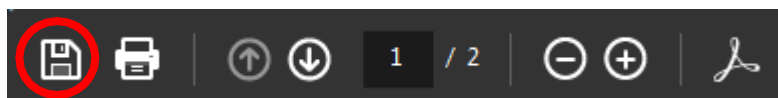
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



3. Please submit the completed forms to the School Office.



SUMMER SPORTS CLINICS
APPLICATION 2024
(PLEASE TYPE OR PRINT IN **BLACK** OR **BLUE** INK.)

Choose all that apply:

Enrolled at HCA for SY 2024-25: Yes ☐ No ☐ Next Grade: _____

Summer Sports Clinics, Rising Grade 4th-6th

Volleyball | June 10-14 | 3:30 pm-5:00 pm | \$100

Basketball | June 24-28 | 3:30 pm-5:00 pm | \$100

Please wear non-marking athletic shoes. Also bring a water bottle, snacks, and knee pads for volleyball. All clothing should be loose-fitting. Shirts must not be revealing.

Last Name: _____ First Name: _____ English Name: _____

Birthdate: _____ Current Age: _____ Home Phone: _____ Male: _____ Female: _____

Mailing Address: _____

Father's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Mother's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact:

Mr. ☐ Mrs. ☐ Miss ☐ Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Photo Release:

Do you give permission to use any pictures of your child for any Harvest Christian Academy published media? Yes ☐ No ☐

Medical Information

Does your child have any drug allergy? Yes ☐ No ☐ If yes, please explain: _____

Does your child have any food allergy? Yes ☐ No ☐ If yes, please explain: _____

Does your child have any serious illness? Yes ☐ No ☐ If yes, please explain: _____

Does your child have any heart problems? Yes ☐ No ☐ Does your child have any convulsions? Yes ☐ No ☐

Does your child have any physical handicap? Yes ☐ No ☐ If yes, please explain: _____

Does your child take medicine on a regular basis? Yes ☐ No ☐ If yes, please explain: _____

Does your child have any restrictions on physical activity? Yes ☐ No ☐ If yes, please explain: _____

Do you give permission for your child to receive Tylenol or any over-the-counter medication if the need arises? Yes ☐ No ☐

By signing below, I agree to pay the applicable fees and submit the required documents with this application. I understand that the fees are non-refundable. I hereby release HCA and its agents from liability for any injuries resulting from my child's attendance. As a parent, I agree to support the Administration of Harvest Christian Academy; however, should I feel I can no longer support the Administration, I will promptly withdraw my child. To my knowledge, all information is complete and correct.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

FOR OFFICE USE ONLY:

Date: _____ Time: _____

Excel ☐ FACTS ☐