



# NBAXD1 Next LVL Sports Camp Application 2025

(Please Type or Print in **Black** or **Blue** Ink.)

Choose one:	Co-ed	Girls	Boys	Girls	Boys
Grades	3rd-6th	7th-8th	7th-8th	9th-12th	9th-12th
Cost	\$65 (\$115 if attending both)	\$65 (\$115 if attending both)	\$65 (\$115 if attending both)	\$100 (\$175 if attending both)	\$100 (\$175 if attending both)
<b>Volleyball Camp</b>	<input type="checkbox"/> 11:00 am-1:00 pm Mon. June 23	<input type="checkbox"/> 8:45-10:45 am Tues. June 24	<input type="checkbox"/> 5:45-7:45 pm Mon. June 23	<input type="checkbox"/> 9:00-11:00 am Mon. June 23	<input type="checkbox"/> 3:30-5:30 pm Mon. June 23
Volleyball Tournaments:				Tues. June 24   11:00 am	Tues. June 24   3:00 pm
<b>Basketball Camp</b>	<input type="checkbox"/> 11:00 am-1:00 pm Wed. June 25	<input type="checkbox"/> 8:45-10:45 am Thurs. June 26	<input type="checkbox"/> 3:30-5:30 pm Thurs. June 26	<input type="checkbox"/> 8:45-10:45 am Wed. June 25	<input type="checkbox"/> 3:30-5:30 pm Wed. June 25
Basketball Tournament:				Thurs. June 26   11:00 am	Thurs. June 26   5:30 pm

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (in USA): \_\_\_\_\_ 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 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 fee and submit this application. I understand that the fee is 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 \_\_\_\_\_ Signature \_\_\_\_\_

For Office Use:	
Listed:	Copied: