



# Summer Sports Clinics Application 2025

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

Choose one:	Boys:		Girls:	
Grades	3rd-6th	7th-9th	3rd-6th	7th-9th
<input type="checkbox"/> Basketball Camp   \$150   July 14-16	<input type="checkbox"/> 11:00-1:00 PM	<input type="checkbox"/> 8:45-10:45 AM	<input type="checkbox"/> 11:00-1:00 PM	<input type="checkbox"/> 1:15-3:15 PM
<input type="checkbox"/> Volleyball Camp   \$150   July 22-24	<input type="checkbox"/> 11:15-1:15 PM	<input type="checkbox"/> 1:30-3:30 PM	<input type="checkbox"/> 11:15-1:15 PM	<input type="checkbox"/> 9:00-11:00 AM
<input type="checkbox"/> Soccer Camp   \$150   July 28-30	<input type="checkbox"/> 2:30-4:30 PM	<input type="checkbox"/> 4:45-6:45 PM	<input type="checkbox"/> 2:30-4:30 PM	<input type="checkbox"/> 4:45-6:45 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: