



Pacific Rim Christian Camp Summer 2026

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

Teen Camp

Age: Rising 7th-12th Grade

Date: June 29 at 3 pm to July 4 at 9 am

Cost: \$195

Junior Camp

Age: Rising 3th-7th Grade

Date: July 6 at 3 pm to July 9 at 9 am

Cost: \$140

Rising 7th Graders: Students entering 7th grade in fall 2026 may register for either Junior Camp or Teen Camp.

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

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

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

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 also understand that I am responsible for other additional costs (food from the cafeteria, extended care, etc.) incurred while my child is attending any summer programs of Harvest Christian Academy. I hereby give my child permission to attend field trip activities upon notification. 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: