

Directions for filling out the Summer Sports Camp:

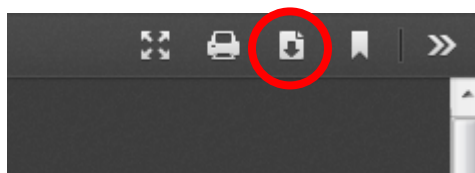
1. Use **Adobe Acrobat Reader** to view form.

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

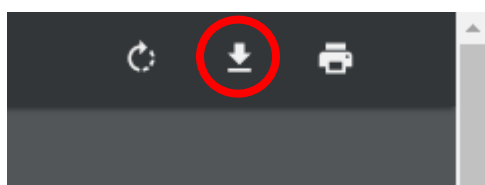


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

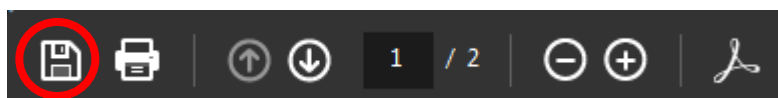
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



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



Harvest Christian Academy
P.O. Box 23189, Barrigada, GU 96921
Phone: 477-6341/Fax: 477-7136



2017 SUMMER SPORTS CAMP APPLICATION

Choose one:

Enrolled at HCA for SY 2017-18: Yes No Next Grade: _____

Volleyball Sports Clinic	Rising Grades 4-6	June 12-16	3:30-5:00 pm	\$65
Volleyball Sports Clinic	Rising Grades 4-6	June 19-23	3:30-5:00 pm	\$65
Girls' Volleyball Camp	Rising Grades 6-8	June 5-9	1:30-4:00 pm	\$90
Girls' Volleyball Camp	Rising Grades 9-12	June 5-9	8:30 am-12:00 pm	\$100
Boys' Basketball Camp	Rising Grades 6-8	June 12-16	9:00 am-12:00 pm	\$90
Girls' Basketball Camp	Rising Grades 6-8	June 19-23	9:00 am-12:00 pm	\$90

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. Ms. Miss Last Name: _____ First Name: _____

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

Medical Information:

Shot records attached? Date of last PPD: _____ Reading: _____ If positive, Public Health Clearance form attached?

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 the required documents with this application. I understand the sports 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 PARENT'S/GUARDIAN'S SIGNATURE PRINT NAME