



# Summer Sports Clinics Application 2026

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

*\$150 for first camp, \$125 for second camp, \$100 for each additional camp after that*

	Co-Ed:	Boys:	Girls:
Grades	<i>Rising 3rd-6th</i>	<i>Rising 7th-9th</i>	<i>Rising 7th-9th</i>
Cross Country Camp   \$150   May 26-28	X	<input type="checkbox"/> 3:30-5:30PM*   6th-9th	<input type="checkbox"/> 3:30-5:30PM*   6th-9th
Basketball Camp   \$150   May 26-28	<input type="checkbox"/> 10:15 AM-12:15 PM	<input type="checkbox"/> 8:00-10:00 AM	<input type="checkbox"/> 12:30-2:30 PM   7th-10th
Soccer Camp   \$150   June 8-10	<input type="checkbox"/> 8:00-10:00 AM	<input type="checkbox"/> 10:15 AM-12:15 PM*	<input type="checkbox"/> 10:15 AM-12:15 PM*
Volleyball Camp   \$150   June 1, 3, 5	X	<input type="checkbox"/> 3:45-5:45 pm	<input type="checkbox"/> 6:00-8:00 pm
Co-ed Volleyball Camp   \$150   June 8-10	<input type="checkbox"/> 3:30-5:30PM	X	X

\*Co-Ed

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: _____