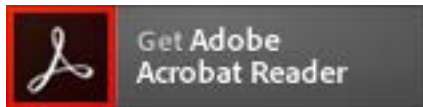


Directions for filling out the Summer Sports Clinic Application:

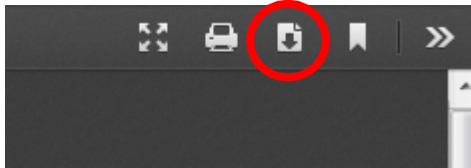
1. Use **Adobe Acrobat Reader** to view form.

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

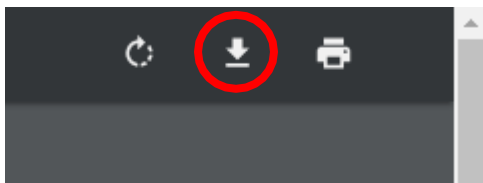


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

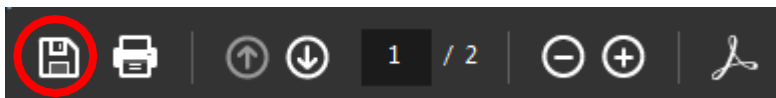
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



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



**SUMMER SPORTS CLINICS
APPLICATION 2024**
(PLEASE TYPE OR PRINT IN **BLACK** OR **BLUE** INK.)

Choose all that apply:

Enrolled at HCA for SY 2024-25: Yes No Next Grade: _____

Summer Sports Clinics, Rising Grade 4th-6th

Volleyball | June 10-14 | 3:30 pm-5:00 pm | \$100
Soccer | June 24-28 | 3:30 pm-5:00 pm | \$100

Please wear non-marking athletic shoes. Also bring a water bottle, snacks, and knee pads for volleyball. All clothing should be loose-fitting. Shirts must not be revealing.

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. 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

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 fees and submit the required documents with this application. I understand that the fees are 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

PARENT'S/GUARDIAN'S SIGNATURE

FOR OFFICE USE ONLY:	
Date: _____	Time: _____
Excel <input type="checkbox"/>	FACTS <input type="checkbox"/>