

# North Henry Academy Basketball Camp Registration & Consent Form

June 10, 2019 – June 14, 2019

- 8:00am – 12:00pm (Completed K5 - 4th Grade Boys & Girls)  
 1:00pm – 5:00pm (Completed 5th - 10th Grade Boys & Girls)

\$125 – Includes Camp T-shirt  
Bring a Water Bottle  
Wear Athletic Clothes & Shoes  
Contact: [emilyland@northhenryacademy.com](mailto:emilyland@northhenryacademy.com)

NHA - Gymnasium  
1093 Flat Rock Road  
Stockbridge, GA 30281  
770-389-1591

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Birthday \_\_\_\_\_ (include year) Home Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Parent or Guardian Phone \_\_\_\_\_

Parent or Guardian E-mail \_\_\_\_\_

Student Resides With \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

T-shirt Size (Circle)    YS            YM            YL            AS            AM            AL            AXL

## The Undersigned Consent to the following:

1. I allow my student to participate in Basketball Camp at North Henry Academy.
2. I agree to pay the \$125 fee which is non-refundable and includes a camp t-shirt (**deadline May 31st**).

**WARNING: BY ITS NATURE, PARTICIPATION IN SPORTS INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY INCLUDING PARALYSIS AND DEATH. PARTICIPANTS AND PARENTS HAVE A RESPONSIBILITY TO HELP REDUCE THE CHANCE OF INJURY. PARTICIPANTS MUST OBEY ALL SAFETY RULES, FOLLOW A PROPER CONDITIONING PROGRAM, AND REPORT ALL PHYSICAL PROBLEMS TO COACHES OR ADMINISTRATION. PARENTS MUST REPORT ANY PROBLEMS OR MEDICAL CONDITIONS TO COACHES OR ADMINISTRATION. BY COMPLETING AND SIGNING THIS FORM, YOU ACKNOWLEDGE THE INHERENT RISK. YOU ALSO GIVE CONSENT FOR NAMED STUDENT TO PARTICIPATE UNTIL THIS FORM IS REVOKED IN WRITING.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Office Use: Cash \_\_\_\_\_ Check # \_\_\_\_\_)

# North Henry Academy Authorization for Consent to Medical Treatment

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, please complete this Emergency Consent Form. In the event of a medical emergency, the form should accompany your child to the hospital.

I/we \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby authorize North Henry Academy to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medications Child is Taking \_\_\_\_\_

Important Medical History \_\_\_\_\_

Date of last Tetanus Immunization \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Member's Name \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_