

North Henry Academy Volleyball Camp Registration & Consent Form

June 15, 2020 – June 19, 2020

9:00am – 3:00pm

\$150 – Includes Camp T-shirt
Completed 4th – 11th Grade Girls
Bring a Water Bottle & Sack Lunch
Wear Athletic Clothes & Shoes
Contact: johnhassert@northhenryacademy.com

NHA -Gymnasium
1093 Flat Rock Rd.
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 Volleyball Camp at North Henry Academy.
2. I agree to pay the \$150 fee which is non-refundable and includes a camp t-shirt (**deadline May 29th**).

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 _____