**Harvest Christian Academy
225 Keller Parkway
Keller, TX 76248**

ATHLETIC PARTICIPATION FORM – HCA VOLLEYBALL SUMMER CAMP

June 26 and 27 2023

Student Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I acknowledge that there are inherent risks associated with sports and that my child may be injured as a result of an accident while participating in athletics, including the HCA volleyball camp on June 26th and/or June 27th

I release and hold harmless Harvest Christian Academy and its employees from all liability including, but not limited to, injuries or damages sustained.

I hereby grant permission to Harvest Christian Academy and their Team Physicians/Consultants to render medical care to my child. This includes preventive care, first aid, rehabilitation, and emergency treatment. Also, if deemed necessary, I grant permission for my child to receive transportation to a hospital.

Signature of Parent or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Harvest Christian Academy Acknowledgement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: Print/Sign Date Received