



2011 SUMMER DAY CAMP
REGISTRATION
and
MEDICAL AUTHORIZATION

REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_
City Zip

STUDENT'S HOME PHONE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ GRADE IN AUG. 2011 \_\_\_\_\_

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: Small, Medium, Large, Extra Large

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_
(If different than the above) City Zip

Father's Phone #'s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_
(If different than the above) City Zip

Mother's Phone #'s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Who has legal custody of the child for whom application is made? \_\_\_\_\_

If only one parent has custody, a copy of the appropriate documents must be furnished and on file at the school before the first day of Summer Day Camp. Please circle the weeks below that you know your child will be attending Camp. The parent in custody is responsible for payment for the weeks circled, and payments are non-refundable.

2011 SUMMER CAMP WEEKS

- June 13-17 July 18-22
June 20-24 July 25-29
June 27-July 1 August 1-5
July 5-8 August 8-12
July 11-15

The ending date for Summer Camp may change due to the Hillsborough County District School calendar start date for the 2011-2012 academic school year.

To secure a spot for your child please submit this Registration Form and non-refundable Registration Fee of \$35.00. Make your check payable to HCA.

PICK UP AUTHORIZATION AND EMERGENCY CONTACTS

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ PHONE # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does your child have any medical conditions that we should know about? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list or describe: \_\_\_\_\_

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

FIELD TRIP PERMISSION FORM AND MEDICAL AUTHORIZATION

My child has permission to accompany Hillsdale Christian Academy and Preschool Summer Camp on all summer field trips, and I understand that in the event my child requires medical treatment while engaged in a Hillsdale Baptist Church approved activity, reasonable efforts will be made to contact me.

However, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me. Hillsdale Baptist Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide coverage and the ministry's medical hospitalization coverage (subject to exclusions, limitations, and provisions in the ministry's policy) may provide secondary or excess coverage.

I agree and consent to any x-ray exam, injections, anesthesia, medical, dental or surgical diagnosis, treatment and hospital care, treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where services are rendered, either as an outpatient or in any hospital.

I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

Parent's Signature: \_\_\_\_\_

State of Florida, County of: \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_  
(name of parent or guardian)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary printed name

\_\_\_\_\_  
ID Produced