

Harvest Christian Academy
225 Keller Parkway
Keller, TX 76248

ATHLETIC PARTICIPATION FORM – HCA SUMMER ATHLETIC CAMPS

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 any available HCA athletic camps occurring in the Spring or Summer of 2024.

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