



**\$60 Pre-Registration Camp Fee (non-refundable) | \$75 at Start of Camp if not Pre-Registered**  
**Please make checks payable to: NHCA ATHLETICS BOOSTERS**  
**Registration and payment can be returned to New Hope Christian Academy**

Name: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2017): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Primary Parent:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Parent:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Camp Attending: (Grade your child will be going into Fall of 2017)**

Girls' Basketball (grades 4-8)  
 May 15, 16, 18 (6:00pm-8:00pm)

Boys' Basketball (grades 4-8)  
 May 22, 23, 25(6:00pm-8:30pm)

**T-Shirt Size: Please circle one.**

Adult: S M L XL XXL

Child: S M L

**Emergency Information: Please list an emergency contact in the event the parent/guardian cannot be reached.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Pick-Up: \*Note: your child will only be released to whomever is indicated on this form.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Information: \*Please attach a copy of your child's insurance card to this registration.**

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Primary Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_



**Yes, I'm also interested in Girls' Volleyball Camp**  
**July 5, 6, 7 (9:00am-11:00am)**  
**I will include payment of \$60 to Pre-Register**



**Yes, I'm also interested in Co-ed Soccer Camp**  
**July 24, 25, 27 (6:00pm-8:00pm)**  
**I will include payment of \$60 to Pre-Register**