



\$60 Pre-Registration Camp Fee (non-refundable) \$75 after Pre-Registration ends July 17
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)*

☐ Co-ed Soccer (grades 4-8)
July 24, 25, 27 (6:00pm-8:00pm)

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