

VOLLEYBALL SUMMER CAMP

\$60 Pre-Registration Camp Fee (non-refundable) \$75 after Pre-Registration ends June 26
Please make checks payable to: NHCA ATHLETICS BOOSTERS
Registration and payment can be returned to New Hope Christian Academy

Name: _____

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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)

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Girls' Volleyball (grades 4-8)

July 5, 6, 7 (9:00am-11:00am)

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