

Hendersonville Christian Academy

260 New Shackle Island Road
Hendersonville, TN 37075
615-824-1550

OFFICE USE

Registration Date _____
Registration Paid _____ ck# _____
Birth Certificate _____ Immunization _____

2020 Camp Crusader Registration Form

CAMPER INFORMATION:

Please print all information on this form.

First Name _____ Last Name _____ M.I. _____ Preferred Name _____

Date of Birth _____ Age _____ Last Grade Completed _____

Returning Camper Yes _____ No _____ T-Shirt Size _____

If your child's picture is taken, do we have permission to publish on social media or website? Yes _____ No _____

What school does your camper attend? _____

The following items are not used for acceptance purposes.

Gender: Male _____ Female _____ U.S. Citizen Yes _____ No _____

PARENT INFORMATION:

Father's Name _____ Mother's Name _____

Child Lives with (check one) Both Parents _____ Father only _____ Mother only _____

Marital Status _____ Other _____ (Describe Relationship) _____

Address (child's residence) _____

City _____ State _____ Home Phone _____

Father's Employer _____ work _____ cell _____

Email _____

Mother's Employer _____ work _____ cell _____

Email _____

MEDICAL AND EMERGENCY INFORMATION:

Child's Physician _____ Phone _____

Have all required immunizations been administered? Yes _____ No _____ Date of last Tetanus _____

Known Allergies _____

List two people to contact in an emergency if a parent cannot be contacted immediately.

Name _____ Relationship: _____ Phone _____

Name _____ Relationship: _____ Phone _____

Are these individuals also allowed to pick up the child? Yes ___ No ___

REQUEST TO APPLY SUNBLOCK 2019

NAME OF SUNBLOCK: _____

TIMES TO BE APPLIED/ REAPPLIED: _____

AREAS OF BODY ON WHICH TO APPLY: _____

I give agents of Hendersonville Christian Academy Camp Crusader permission to apply sun block to my child following the directions listed above. I hold the school harmless of any ill affects which may result from the application of sun block.

Parent of Guardian's Signature **Daytime Phone**

Initial Below:

BEHAVIOR POLICY

_____ I understand that attendance at Camp Crusader requires children to willingly obey all camp workers and the full support of the child's parents /guardians.

BILLING NOTICE

_____ Campers will not be allowed to attend camp if an account becomes 14 days in arrears. Statements are emailed each Tuesday and payment should be received by Friday for the previous week.

EMERGENCY RELEASE AND HOLD HARMLESS AGREEMENT

_____ I understand my child will participate in activities both on and off school property. Permission is given for my child to be included in all such activities. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency. I understand Hendersonville Christian Academy is not financially liable for accidents which may occur. I agree to provide accident insurance for my child. The information I have provided is true and correct.

Child's Full Name _____

Insurance Company _____ Policy Number _____

Parent's Signature _____ Date _____

NOTARY:

Sworn to and subscribed before me this _____ day of _____, 2020.

Signature of Notary Public - State of Tennessee

My Commission Expires

Type of Identification _____