

Hendersonville Christian Academy

355 Old Shackle Island Road
Hendersonville, TN 37075
615-824-1550
FAX 615-590-3025

OFFICE USE

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

2011 Camp Crusader Registration Form

CAMPER INFORMATION:

Please print all information on this form.

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

Social Security Number _____ Date of Birth _____ Last Grade Completed _____

The following items are not used for acceptance purposes.

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

PARENT INFORMATION:

Father's Name _____ Mother's Name _____

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

Address (child's residence) _____

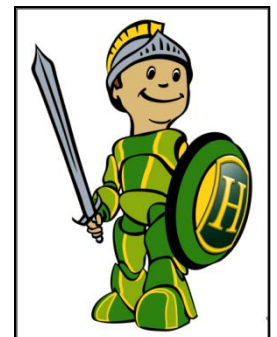
Home Phone _____

Father's Employer _____ Ph. 1 _____ Ph. 2 _____

Email _____ S.S. # _____

Mother's Employer _____ Ph. 1 _____ Ph. 2 _____

Email _____ S.S. # _____



Please complete reverse side.

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 _____ Phone _____

Name _____ Phone _____

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

EMERGENCY RELEASE AND HOLD HARMLESS AGREEMENT

I understand that 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 that Hendersonville Christian Academy is not financially liable for accidents which may occur at the school. 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 _____, 2011.

Signature of Notary Public - State of Tennessee

My Commission Expires

Type of Identification _____