

**2011 Registration Form
Patrick Henry Academy Summer Camps**

Please complete one registration per child

Child's Name _____

Grade 2011-2012 _____ Age (as of June 1) _____ Birthday ____/____/____

Address _____

Parent Email (very important for initial communication purposes) _____

Mother Home _____ Work _____ Cell _____

Father Home _____ Work _____ Cell _____

Health Comments (*Allergies to food or insect bites, health problems, medications, etc.*) Please also list any Asthma, diabetes, or other condition that may affect their participation.

Health Insurance Co. _____ Policy #: _____

Physician's Name _____ Phone: _____

The following adults are authorized to pick up my child:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

OTHER: T-shirt size: (Circle) YXS (2-4) • YS (6-8) • YM (10-12) • YL (14-16) • YXL (18-20) • AS • AM • AL

Please read and sign:

I authorize Patrick Henry Academy to provide emergency treatment in the event I cannot be contacted. I recognize that participation in Patrick Henry Academy's activities may expose my child to some risk of injury. I agree to hold Patrick Henry Academy harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity at Patrick Henry Academy or in its programs. I confirm that my child has had a recent physical exam, all of his or her immunizations are up to date, and he or she is capable of participating in the activities for which I have enrolled him or her. I certify that he or she is in excellent health and that there are no medical reasons that would place my child at risk while participating in athletic activities. My child has my permission to participate in this Patrick Henry Academy's program in accordance with the conditions set forth above.

Parent's Signature _____ Date: _____

Sports / Enrichment Camps

Course Title	Dates	Time	Fee	OFFICE USE ONLY (DATE PAID)
TOTAL DUE FOR ACADEMIC / SPORTS / ENRICHMENT CAMPS				\$ _____