



**SPORTS CAMP REGISTRATION FORM**

Northside Christian Academy  
333 Jeremiah Boulevard  
Charlotte, NC 28262  
Phone: (704) 598-9665  
Fax: (704) 596-7419

-----  
(Applicant's Last Name) (First) (Middle) (Gender)

-----  
(Street Address) (Age)

-----  
(City) (State) (Zip Code) (Date of Birth)

-----  
(Father/Guardian Name) (Mother/Guardian Name)

-----  
(Home Phone) (Father/Guardian Daytime #) (Mother/Guardian Daytime #)

-----  
(Father's Cell #) (Father's Beeper #) (Mother's Cell #) Mother's Beeper #

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(Applicant's Grade in School for Fall 2008-09) (School Presently Attending)

-----  
(Church Name) (Medical Insurance Company) (Policy Number)

-----  
(Email - Dad) (Email - Mom) (Hospital Preference)

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List any know allergies, disorders, and all regularly administered medications

- 1. Emergency Contact Other than Parent/Guardian\_\_\_\_\_
- 2. Emergency Contact Other than Parent/Guardian\_\_\_\_\_

Approved Pick-up Persons (Other than Parent/Guardian)\_\_\_\_\_

**PARENT AGREEMENT WAIVER**

I received and have read a copy of the Northside Summer Day Camp's most recent disciplinary practices, and financial policies. I agree to comply with all Camp practices, procedures, and policies without reservation. I understand my, or my child's failure to comply with Camp practices, procedures, and policies may result in my child's immediate dismissal from the program. In the event of a medical emergency, I authorize and give consent to the Camp to administer first aid and/or treatment as required by a physician. I hereby certify my child is in good health and may participate in all activities, and give permission for my child to ride in Northside-approved transportation to camp activities. Although it is Northside's intent to follow our published summer schedule, our dependency on numerous field trip hosts could result in some field trips being cancelled or changed. Whenever possible, Northside will give parents advance notice of any changes to the schedule. I further agree to release and discharge the Camp, its officers, directors, and agents as well as its partner organizations, their officers, directors and agents from any claims, demands, or liability of damage arising from the participation of my child in any Camp Programs. I give permission for my child's photograph to be used in publicity materials, advertisements, and releases.

\_\_\_\_\_  
Father/Guardian Signature & Date

\_\_\_\_\_  
Mother/Guardian Signature & Date