



2019

Summer Sport Camp Application

To provide academic excellence from a biblical perspective in order to develop servant leaders of all walks of life who live and love like Jesus Christ.

REGISTRATION CHECKLIST

Must be returned with Application

ALL STUDENTS: The following items are required for all new students to complete registration:

Sport Camp

- Complete Application Form (Parent signatures required)
 - ~ Registration Checklist
 - ~ Application
 - ~ Summer Camp Choice Form
 - ~ Emergency & Health Form
- Deposit due upon registration, Payment due Fri. before start of camp
- All forms must be filled out even if your child is already a student at GCA

Grace Christian Academy of Maryland admits students of any, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Grace Christian Academy of Maryland does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

NAME OF STUDENT: _____

FINANCE OFFICE USE ONLY

_____ Date Received

_____ Payment Received



GRACE CHRISTIAN ACADEMY *of* MARYLAND

SPORT CAMP APPLICATION

Application: One form per child.

Student's Full Name: _____ DOB: _____

2016-2017 Grade: _____ Student Email: _____ GENDER: Male Female

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Neighborhood: _____

Father's Name: _____ Email Address: _____

Father's Home #: _____ Work #: _____ Cell #: _____

Address (if different from child): _____

Mother's Name: _____ Email Address: _____

Mother's Home #: _____ Work #: _____ Cell #: _____

Address (if different from child): _____

Guardian Information:

Legal guardianship/custody of child (if different from parents) _____
(The school must have a copy of any and all court orders regarding custody and guardianship.)

Email Address: _____ Home #: _____

Work #: _____ Cell #: _____

Address (if different from child): _____

Photography/Videography Release: GCA will often use photos and /or videos for promotion and advertising of our programs. Names may be published in newspaper print. If you believe you have a special exception, you may speak to the camp director or a GCA administrator.

I understand that my child's photo/ video may be used in GCA advertising/ GCA social media/ website.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Dress Code & Behavior Standards for ALL Summer Camps:

Day camp students are expected to abide by the behavioral standards of Grace Christian Academy. Dress is to be modest and appropriate. Grace Camp reserves the right to dismiss a child that is found uncooperative and consistently disruptive to the camp and its focus.

Parent(s)/Guardian(s) Signature: _____ Date: _____

EMERGENCY & HEALTH INFORMATION – Summer Camp 2019

Child's name: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

AUTHORIZED PERSONS to assume responsibility for school dismissal and provision of care when parent or guardian cannot be reached. **PLEASE NOTE: STUDENT WILL ONLY BE RELEASED TO PERSONS AUTHORIZED BY PARENT OR GUARDIAN.**

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Family Physician or Pediatrician: _____ **Phone:** _____

Family Dentist _____ **Phone:** _____

Local Hospital Preference: _____

Insurance which applies to the child: _____ **Policy ID:** _____ **Group #:** _____

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

NO YES

Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO YES

Explain: _____

Medications will only be administered during day camp by a certified medical technician when they are available. A **medication administration authorization form** must be filled out for each medication if medication is necessary for your child during camp.

For campers who reside within the United States, a United States territory, or the District of Columbia

1. State territory in which child resides _____

2. Is this child exempt from any immunizations? NO

YES, List them: _____

For campers who reside outside the United States, a United States territory or the District of Columbia:

1. Country in which child resides: _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent/Legal Guardian's Signature _____ Date _____