



# 2024 Summer Athletics Camp Registration - UPDATED

Return all paperwork to the **Grace Prep Athletics Office (AC-124)** or by mail to **P.O. Box 170958, Arlington, TX 76003**.

**\*\* Registration and payment DUE prior to camp beginning date. Must register by 5/28 to be guaranteed a shirt.\*\***

**Check, cash, money order accepted. Make checks payable to Grace Prep Academy.**

**Please print legibly.**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student Cell:** \_\_\_\_\_ **Student E-mail :** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age (as of 5/31/24):** \_\_\_\_\_ **2024-25 Grade:** \_\_\_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

**List any allergies or other information:** \_\_\_\_\_

**Shirt size:**  Yth Sm  Yth Med  Yth Lg  Adult Sm  Adult Med  Adult Lg  Adult XL  Adult XXL

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Cell Phone :** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact (other than person listed above):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Use a check mark to indicate below which camp(s) your student is attending.**

Attend	Camp	Open to (2024-25 grade)	Date and Time	Coach in charge	Fee
	Golf	8 <sup>th</sup> -12 <sup>th</sup> grade BOYS & GIRLS	May 28-31 (T-F), 8:00-9:30am <i>at Mansfield National Golf Course</i>	Lydecker & pro Matt Lohmeyer	\$400
	Tennis - JH & HS	6 <sup>th</sup> -12 <sup>th</sup> grade BOYS & GIRLS	May 28-30 (T-Th), 8:30-11:30am <i>at Walnut Creek CC, Mansfield</i>	Dvoracek & Erby	\$100
	Volleyball - Elem	2 <sup>nd</sup> -5 <sup>th</sup> grade GIRLS	June 3-6 (M-Th), 9:30-11:30am	Stanford & Vassar	\$100
	Girls Basketball #1	2 <sup>nd</sup> -8 <sup>th</sup> grade GIRLS	June 10-13 (M-Th), 10:00am-12:00pm	Boyd	\$100
	Baseball #1	2 <sup>nd</sup> -8 <sup>th</sup> grade BOYS	June 11-13 (T-Th), 9:30am-12:30pm	Moore	\$100
	Boys Basketball	2 <sup>nd</sup> -8 <sup>th</sup> grade BOYS	June 24-27 (M-Th), 9:30-11:30am	Duke	\$100
	Football	2 <sup>nd</sup> -8 <sup>th</sup> grade BOYS	July 8-11 (M-Th), 9:30-11:30am	Pegues	\$100
	Volleyball - Jr High	6 <sup>th</sup> -8 <sup>th</sup> grade GIRLS	July 15-19 (M-F), 9:30-11:30am	TBA	\$125
	Volleyball - HS	9 <sup>th</sup> -12 <sup>th</sup> grade GIRLS	July 15-19 (M-F), 12:30-3:30pm	TBA	\$150
	Baseball #2	2 <sup>nd</sup> -8 <sup>th</sup> grade BOYS	July 16-18 (T-Th); 9:30am-12:30pm	Moore	\$100
	Strength & Conditioning	6 <sup>th</sup> -12 <sup>th</sup> grade BOYS & GIRLS (camp times separated by ages)	May 28-July 25 (M-Th ONLY) <i>* No camp week of July 1-5*</i> <b>6<sup>th</sup>-8<sup>th</sup> grade</b> - 8:00-9:15am <b>9<sup>th</sup>-12<sup>th</sup> grade</b> - 9:30-11:00am	Pegues & friends	\$175

**Be sure to fill out the back side of this form!**

**TOTAL AMOUNT DUE:**

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Health Insurance Information, Medical Release & Authorization**

I do have medical coverage. (Complete information below.)

Insurance/Coverage Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

I do NOT have medical coverage. Any injury suffered by my child and related treatment will be covered by me. \_\_\_\_\_  
(initial)

*As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.*

*Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.*

*Permission is also granted to Grace Prep, and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.*

*Release authorized on the dates and/or duration of the registered season.*

*This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Informed Consent and Acknowledgement**

*I hereby give my approval for my child's participation in any and all activities prepared by GPA Ministries, Inc. dba Grace Preparatory Academy during the selected camp. In exchange for the acceptance of said child's candidacy by Grace Prep, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Grace Prep and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.*

*In case of injury to said child, I hereby waive all claims against Grace Prep, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use ONLY**

Date Received	Payment Received (amount)	Entered on:
_____	<input type="checkbox"/> Cash _____ <input type="checkbox"/> Check/MO # _____	<input type="checkbox"/> Camp Roster <input type="checkbox"/> Shirt _____