

**Harvest Christian Academy Lantana**  
**2200 Jeter Road E., Bartonville, TX 76226**

**ATHLETIC PARTICIPATION FORM – HCA SUMMER ATHLETIC CAMPS**

Student Name (Please Print) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

I acknowledge that there are inherent risks associated with sports and that my child may be injured as a result of an accident while participating in athletics, including any available HCA athletic camps occurring in the Spring or Summer of 2025.

I release and hold harmless Harvest Christian Academy and its employees from all liability including, but not limited to, injuries or damages sustained.

I hereby grant permission to Harvest Christian Academy and their Team Physicians/Consultants to render medical care to my child. This includes preventive care, first aid, rehabilitation, and emergency treatment. Also, if deemed necessary, I grant permission for my child to receive transportation to a hospital.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Harvest Christian Academy Acknowledgement: \_\_\_\_\_

Date Received: \_\_\_\_\_