

**Heritage Christian Academy
Co-op and Tutorial Participant Form**

Participant Name _____ Age _____ Date of Birth ___/___/___ SS# _____
Address _____ City _____ St _____ ZIP _____
Home Phone _____ Cell Phone _____
In case of an emergency notify: _____

Medical Profile

Generally, participant's health is: (Check one) Excellent ___ Good ___ Fair ___ Poor ___
If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____
Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___ Bronchitis ___
Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever ___
List any medicines or substances to which you are allergic: _____
List any previous operations or serious illnesses: _____
List any medications you are currently taking: _____

List any special diet or special needs: _____
Childhood diseases: Chicken pox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____
Date of Tetanus Immunization: ___/___/___
Family Physician: _____ Phone: _____
() _____

Insurance Co.: _____ Policy # _____
Subscriber Name: _____ Subscriber # _____
Subscriber's place of employment: _____ Subscriber's occupation: _____
Subscriber's work phone: _____

Permission for Medical Treatment, Field Trips, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the school, camp or event director, church official, any school, camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal school or event activities and these photos/videos may be used in promotional or yearbook materials.

I understand that my child's Co-op or Tutorial may offer field trips and/or off-campus activities throughout the year. I grant permission for my child/children to participate in any field trip or off campus activity organized by HCA umbrella school, HCA Co-op class or HCA Tutorial class.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Heritage Christian Academy, any individual involved with Heritage Christian Academy, New Hope Baptist Church, Southern Baptist Convention, and any school or activity volunteer, tutor or director from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this co-op, tutorial, activity, field trip, camp or event. I agree to indemnify Heritage Christian Academy and New Hope Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this co-op, tutorial, activity, field trip, camp or event or while on property leased or owned by New Hope Baptist Church or the property of any of the parents, staff, or volunteers of the co-op, tutorial or church.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).
Participant's Signature: _____ Date: ___/___/___
Parent/Legal Guardian Signature: _____ Date: ___/___/___

Notary Acknowledgement

State of: _____ County of: _____
Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.
Witness my hand this _____ day of _____, 20 ____.
Notary signature: _____
My commission expires: _____