

# HTA CAMP REGISTRATION 2023

Please Print and fill out a separate registration form for **each** student. A **Deposit of \$100, for each session** Make check payable to: **Holy Trinity Academy (HTA) or Venmo to @HTA-Finance, due by May 4, 2023.**

## Student Information

Student's Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_  
 Grade in Fall 2023-2024 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Returning HTA student \_\_\_\_\_ New HTA student \_\_\_\_\_  
 Summer School Only \_\_\_\_\_ Potential HTA student \_\_\_\_\_

## Parent Information

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
 Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Class Name(circle)	Class (circle)	Dates	Time	Fee
Session 1 <b>Minions</b>	2 /3 4/5 6/7	<b>June 5-June 9</b>	<b>8:15-3:30</b>	<b>\$265</b>
Session 2 <b>Moana</b>	2 /3 4/5 6/7	<b>June12-June 16</b>	<b>8:15-3:30</b>	<b>\$265</b>
Session 3 <b>Lion King</b>	2/3 4/5 6/7	<b>June19-June 23</b>	<b>8:15-3:30</b>	<b>\$265</b>
Session 4 <b>Encanto</b>	2/3 4/5 6/7	<b>June 26-June30</b>	<b>8:15-3:30</b>	<b>\$265</b>

**Deposit of \$100 for EACH session is due by May 4th**

## Medical Information

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of last DPT/tetanus immunization \_\_\_\_\_  
 In case of an emergency, I give my permission for the above named student to be given emergency treatment at any hospital reasonably accessible. For students not enrolled at Holy Trinity Academy during the school year of 2022-2023, please send a copy of immunizations and a physician's release certifying that the above named student is in good health and may participate in all activities and programs.

## Health Concerns/Activity Restrictions

My child has the following health concerns (surgeries, diseases, etc.) or activity restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Medications Administration

Holy Trinity Academy will only dispense prescription medications (epi-pen, inhalers, and seizure medication) **IN CASE OF AN EMERGENCY** in original labeled containers, following dosage guidelines, and is accompanied by a doctor's note with explicit dosage and administration instructions. Medications that are required during Summer Program hours must be supplied by the parents and brought to School in the original container and properly labeled with the name of the student, name of the medication, dosage amount, and time the medication is to be administered. All medication must be taken to the front office. A "permission to administer medications" form must be signed at the time of the delivery of medications.

## Allergies

My child is allergic to the following (foods, medications, insects, pollens, etc.). If none, mark as such.  
 \_\_\_\_\_  
 \_\_\_\_\_

## Parent Authorization and Release Form 2023

**NOTE: HTA students with a Parent Authorization Form on file for the 2022-2023 school year do not need to complete this form.**

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Parent/guardian name) (street address)  
the city of \_\_\_\_\_, the county of \_\_\_\_\_, state of \_\_\_\_\_,  
am the \_\_\_\_\_ of \_\_\_\_\_,  
(father/mother/guardian) (student name)

a minor, who is enrolled in the HTA Camp, 13555 Hillcrest Road, Dallas, Dallas County of the State of Texas.

- A. Authorization to Consent to Medical Treatment: In the event I cannot be contacted to give my consent, I hereby authorize Holy Trinity Academy, its officers, agents, and employees to consent for me to:
1. The administration of any treatment deemed necessary by a licensed physician or dentist, and
  2. The transfer of the minor to any hospital reasonably accessible. I understand that this authorization is given to provide authority and power on the part of Holy Trinity Academy, its officers, agents, and employees to give specific consent to any examination, diagnosis, treatment or hospital care which, in the judgment of a licensed physician or dentist is deemed necessary.
- B. Authorization to participate in water play. I give my consent for the above named student to participate in water activities associated with the course(s) in which he/she is enrolled at Holy Trinity Academy.
- C. Permission To Use Photographs: Holy Trinity Academy has my permission to use any photographs, art projects, or videos of my child in any future promotion or advertising materials. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that Holy Trinity Academy does not assume any responsibility in case an accident occurs. In consideration of the above named student being permitted to make such trips and take part in activities, I hereby agree to waive all claims, release indemnify, defend, and hold harmless Holy Trinity Academy, its Trustees, Head of School, Heads Lower and Summer School, Faculty, agents, employees, and invitees together with all persons, including parents of students of Holy Trinity Academy, assisting with any phase of such trips and activities(excluding paid certificate carriers), from any and all claims, suits, losses, damages, causes of action or other liabilities, including all expenses of litigation and/or settlement, which may arise in connection with such trips and all liability by reason of any accident or injury suffered by the above named student while on such trips or participation in such activities. I HEREBY FURTHER EXPRESSLY AGREE THAT SUCH INDEMNITY WILL APPLY WHETHER THE CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES ARISE IN WHOLE OR IN PART FROM ANY FORM OF NEGLIGENCE OF SAID PARTIES.

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Child's Full Name

Date of Birth

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Allergies of Child

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Family Physician

Phone

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Guarantor's Insurance Co.

Carrier/Employer

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Contract Number

Group Number

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Emergency Contact 1

Relationship

Phone

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Emergency Contact 2

Relationship

Phone

### Authorization to Pick Up Child (if not a parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver License # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver License # \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE HOLY TRINITY ACADEMY SUMMER PROGRAM REGISTRATION FORM AND THE PARENT AUTHORIZATION AND RELEASE FORM.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_