

# PCA SUMMER CAMP 2024

We follow all Diocesan Guidelines, ensuring a safe, healthy, & fun environment for all! There will be safe outdoor play, STREAM activities, crafts, & kid friendly entertainment.

ALL REGISTERED  
RISING K - 4<sup>TH</sup>  
GRADE WELCOME

## RESERVE YOUR SPOT NOW

(Camp times will be Monday-Friday from 8:30am-3:00pm)

Child(ren) Name(s) & Grade attending in Fall:

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June 17<sup>th</sup>-21<sup>st</sup>: TEAM USA-GO FOR GOLD!

June 24<sup>th</sup>-June 28<sup>th</sup>: SPY CAMP

July 8<sup>th</sup>-July 12<sup>th</sup>: CAMP REWIND-  
THROWBACKS!

July 15<sup>th</sup>- July 19<sup>th</sup>: GREAT OUTDOORS

Rate Per Child(ren) Per Week

1 child: \$300/week

2 children: \$550/week

3 children: \$750/week

4 children: \$900/week

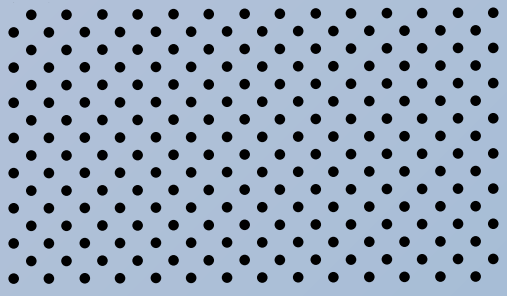
Camp weeks attending:

- Team USA-Go for Gold! (June 17<sup>th</sup> - 21<sup>st</sup>)
- Spy Camp (June 24<sup>th</sup>-June 28<sup>th</sup>)
- Camp Rewind-Throwbacks! (July 8<sup>th</sup> - July 12<sup>th</sup>)
- Great Outdoors (July 15<sup>th</sup>- July 19<sup>th</sup>)

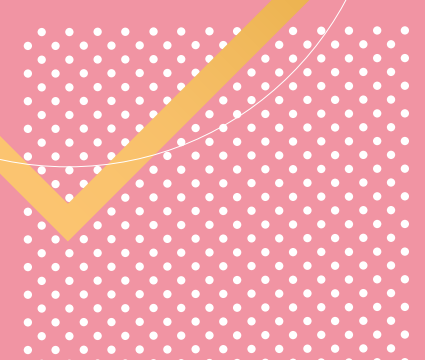
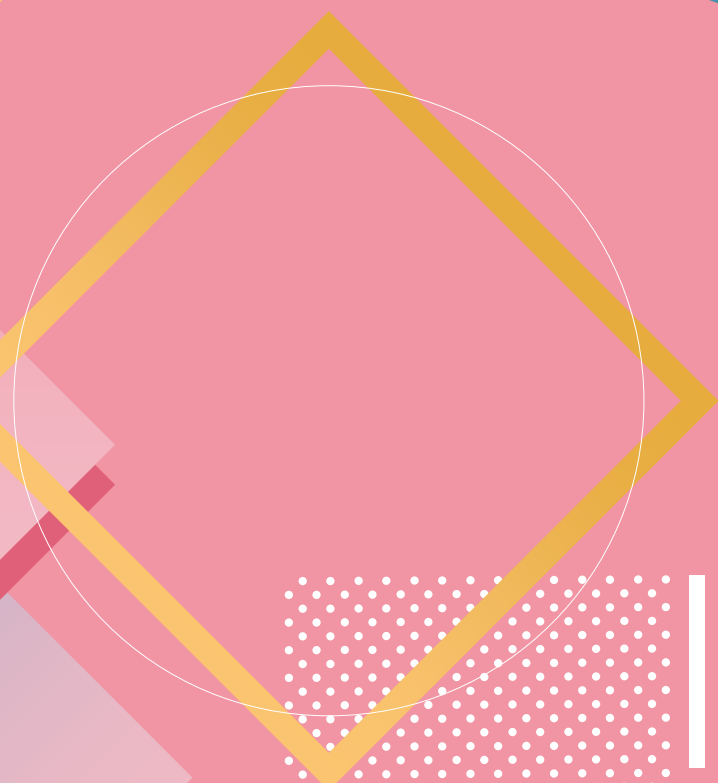
If you have any questions, please contact us at  
[summercamp@pcapvb.org](mailto:summercamp@pcapvb.org)

YOUR RATE: \$ \_\_\_\_\_ X # of WEEKS: \_\_\_\_\_ = TOTAL DUE: \$ \_\_\_\_\_

\*\*\*DON'T FORGET to submit your completed Catholic Schools Physical form which is included with this Registration Form\*\*\*



SEE YOU AT SUMMER CAMP!







## CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**CIRCLE YES OR NO (FURTHER DESCRIBE YES ANSWER TO THE RIGHT)**

- YES NO HISTORY OF HIGH BLOOD PRESSURE \_\_\_\_\_
- YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE \_\_\_\_\_
- YES NO LIVER OR KIDNEY PROBLEMS \_\_\_\_\_
- YES NO PREVIOUS STROKES – C.V.A. \_\_\_\_\_
- YES NO DIABETES \_\_\_\_\_
- YES NO EPILEPSY \_\_\_\_\_
- YES NO RESPIRATORY DIFFICULTIES \_\_\_\_\_
- YES NO BROKEN BONES \_\_\_\_\_
- YES NO SENSORY DISTURBANCES \_\_\_\_\_
- YES NO ARTHRITIS OR JOINT PROBLEMS \_\_\_\_\_
- YES NO SPECIAL DIET RESTRICTIONS \_\_\_\_\_
- YES NO PRESENTLY HAVE ANY METAL IMPLANTS \_\_\_\_\_
- YES NO PRESENTLY HAVE A PACEMAKER \_\_\_\_\_
- YES NO ANY PRESENT VISUAL PROBLEMS \_\_\_\_\_
- YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) \_\_\_\_\_
- YES NO ANY UNUSAL REACTION TO HEAT OR COLD \_\_\_\_\_
- YES NO ANY ALLERGIES \_\_\_\_\_
- YES NO CONCUSSIONS (LIST DATES) \_\_\_\_\_

LIST CURRENT MEDICATIONS \_\_\_\_\_  
 \_\_\_\_\_

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 PARENT OR GUARDIAN SIGNATURE DATE

### PHYSICAL EXAM BY PHYSICIAN

Height (inches) _____	Weight (pounds) _____
Blood Pressure _____	Pulse _____
Vision _____	Contacts/glasses _____

	WNL	ABN		WNL	ABN
HEENT _____				ANKLE _____	
NECK _____				ALIGNMENT _____	
LUNGS _____				STABILITY _____	
HEART _____				FEET _____	
ABDOMEN _____				KNEE _____	
GENITALS _____				MCL _____	
SKIN _____				LCL _____	
NECK _____				ACL _____	
SPINE _____				PCL _____	
SHOULDER _____				MENISCUS _____	
STABILITY _____				PATELLA _____	
IMPINGEMENT _____				PAIN _____	
ELBOW _____				APPREHENSION _____	
WRIST _____				CREPITATION _____	
HAND _____				FUNCTIONAL TEST _____	
HIP _____				ONE LEG HOP _____	
				FULL SQUATS _____	

NEEDS FURTHER EVALUATION YES NO  
 CLEARED FOR PARTICIPATION YES NO

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 PHYSICIAN'S/NURSE PRACTITIONER'S/PHYSICIAN'S ASSISTANT'S SIGNATURE DATE