



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-4TH

GRADE WELCOME

June 17th-21st: TEAM USA-GO FOR GOLD!

June 24th-June 28th: SPY CAMP

July 8th-July 12th: CAMP REWIND-THROWBACKS!

July 15th- July 19th: GREAT OUTDOORS

Rate Per Child(ren) Per Week

1 child: \$300/week

2 children: \$550/week

3 children: \$750/week

4 children: \$900/week

If you have any questions, please contact us at

summercamp@pcapvb.org

RESERVE YOUR SPOT NOW

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

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Camp weeks attending:

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

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***





CATHOLIC GRADE SCHOOL SPORTS CONFERENCE STUDENT ATHLETIC PARTICIPATION APPLICATION

This form is effective from the date indicated on the form, until the end of the current school year. This form must be on file in the School office prior to any student participating in either tryouts or appropriate athletic practice or competition.

Student's Last Name	First	Middle Initial Application Date
Student's Last Name	FIIST	Middle Initial Application Date
This application to compete in inter-		School is entirely voluntary on my part and is made with
understanding that I have not violated	dany of the eligibility rules and regulation	ons. Signature of Student
his/her school. I agree to allow the a discharge the Diocese of St. Augusti		student to engage in school approved athletic activities as a representative in a privately operated vehicle to and from athletic events. I hereby release School, its agents and employees from liability groups.
Date	Signature of Parent or Guardia	n
Street Address	City	y
operations, which may be deemed as being to grant authority to administe which may now or during the course every reasonable effort is made to of	dvisable by his/her physicians and surger or and to perform all and singularly any of the patient's care be deemed advisat contact parents/guardians prior to admi	to any and all medical, dental and surgical treatments including anesthesia eons as a result of his/her participation in athletic activities. The intention her examinations, treatments, anesthetics, operations, and diagnostic procedule and necessary. This form will be used only in case of emergencies and a litting the patient for necessary treatment. Consent is also given for release third party to pay directly to the treating hospital, insurance benefits due means.
Jacksonville Orthopedic Institute to re training for and participation in athleti and can only be shared with a coar information may concern the studen	elease information regarding my student cs atSci ch, athletic director, or school official in tt athlete's medical status, medical cor ation. This protected information may	c trainers, sports medicine staff and other health-care personnel represent athlete's protected health information and regarding any injury or illness duthool. This information is only to be used for the betterment of the student ath in connection with participation in interscholastic sports. This protected he indition, injuries, prognosis, diagnosis, athletic participation status, and relibe released to other health care providers, hospital and/or medical athletic
SIGNATURES (both required):		
Minor Patient	Pa	arent or Guardian
Address (if different)		
Family Physician		Emergency Tel. #
	ACKNOWI EDGEMENT (OF WARNING BY PARENTS
We/I the parent(s) of		y acknowledge that we/I have been fully advised, cautioned and warned by
proper administrative and coaching p	personnel of	that our/my child named above may suffer serious injury, inclu
Notwithstanding such warnings, and	with full knowledge and understanding	death, by participating in the sport of of the risk of serious injury to our/my child named above which may result, ipate in the sport of
Witnesses		Signature of Parent/Guardian
		Date
A Physical exam forms must b	be on file with the school before tryouts/	practice.
B Medical history on reverse s	side must be completed by parent or gu	ardian.



CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDE	NT'S NAME				D	OB:	
		IO (FURTHER DESCR	IBE YES ANSWER	TO THE RIGH	n		
	NO	HISTORY OF HIGH BL	OOD PRESSURE		-,		
YES	NO	HISTORY OF HEART (OR BLOOD VESSEL	DISEASE			
YES	NO	LIVER OR KIDNEY PR	OBLEMS				
	NO	PREVIOUS STROKES	-CVA				
	NO						
		EPILEPSY					
	NO		III TIEC				
	NO						
	NO	BROKEN BONES					
	NO	SENSORY DISTURBAL	NCES				
	NO	ARTHRITIS OR JOINT	PROBLEMS				
YES	NO	SPECIAL DIET RESTR	ICTIONS				
YES	NO	PRESENTLY HAVE AN	y metal implant	S			
YES	NO	PRESENTLY HAVE A F	PACEMAKER				
YES	NO	ANY PRESENT VISUA	PROBLEMS				
	NO	ANY PRESENT HEARI	NG PROBLEMS (H	EARING AID)			
	NO	ANY LINUSAL REACTI	ON TO HEAT OR CO	חות			
	NO	ANY ALLERGIES					
	NO NO		DATES				
		EDICATIONS (LIST	DATES)				
LIST C	URRENT M	EDICATIONS					
LIST PE	REVIOUS M	IAJOR HOSPITALIZATIO	N/SURGERIES				
PAREN	IT OR GUAF	RDIAN SIGNATURE				DATE	
	(inches) ressure				Pulse		
VISION							
		WNL	ABN			WNL	ABN
HEENT					ANKLE		
NECK_					ALIGNMENT		
LUNGS					STABILITY		
HEART					FEET		
ABDON	//EN				KNEE		
GENIT/	ALS				MCL		
SKIN					LCL		
NECK					ACL		
SPINE					PCL_		
					MENISCUS		
SHOUL	TABILITY				DATELLA		
5	MOINCENE	NT			PATELLA		
EL DON	WPINGEME	NT			PAIN		
FLBOM	V				APPREHENSION		
WRIST					CREPITATION		
HAND_					FUNCTIONAL TEST		
HIP					ONE LEG HOP		
					FULL SQUATS		
	ED FOR PA	EVALUTION RTICIPATION	YES YES	NO NO			
PHYSIC	CIAN'S/NUR	SE PRACTIONER'S/PH	SICIAN'S ASSISTA	NT'S SIGNAT	URF		DATE