

2015-2016 Registration Information

071215

KEEP THIS FOR FUTURE REFERENCE – PUT DATES ON YOUR CALENDAR!!

Make note of the dates for the two semesters and review the instructions on how to register your family.

SAVE YOU TIME – SAVE US TIME & FRUSTRATION!

This document is a PDF FORM. It can be filled out on your computer.

SAVE YOU TIME! All the information, except signatures, can be filled out on your computer before you print it. We focused on saving you time by coordinating the fields so that filling in a field in the first form (HCYA Membership Form) also completes that same field in many of the other forms.

HCYA MEMBERSHIP FORM **HCYA**

Please Print Legibly! – Include \$20.00 for each student

DATE OF REGISTRATION: 07/20/2015 SCHOOL YEAR ENROLLING FOR: 20 15 – 20 16

FAMILY INFORMATION: *Notify us of any changes during the year*

FATHER'S NAME: Mouse, Mickey EMPLOYER/JOB: Entertainer
Last First

MOTHER'S NAME: Mouse, Minnie EMPLOYER/JOB: Domestic Engineer
Last First

ADDRESS: 123 Happiness Way CITY: Mousetown STATE: TX ZIP: 74567

FAMILY HOME PHONE: (713) 654-9874

FATHER EMAIL: mickey@mouseland.com MOTHER EMAIL: minnie@mo

FATHER WORK PHONE: MOTHER WORK PHONE:

FATHER CELL PHONE: MOTHER CELL PHONE:

NOTE: email is used for ALL notices and announcements. If you don't have email you will receive NO notices or information!

SAVE US TIME & FRUSTRATION! We appreciate being able to read the information in the forms. Sadly many people who fill them out by hand do not have good handwriting and we often struggle to read what is written. Filling out the forms electronically makes us more effective in serving you. Thank You!

HOW TO FILL OUT ELECTRONICALLY: You had to open this document with a program capable of reading PDF documents. It should also enable you to fill out the forms electronically. After reading the Registration Information pages, click on the first field (Date of Registration) and type in the date you are filling out the form, with the slashes. Then TAB through all the fields and enter the requested information. After finishing the HCYA Membership Form you will discover that most of the fields in the other required forms have already been filled out with the information you entered into the HCYA Membership Form. The Staff & LAT related forms are not automatically filled out because the information varies from person to person.

WARNING! DO NOT USE A BROWSER TO FILL OUT THE FORM! ... Browsers don't save the information when you save the file. Most PDF Readers will save the completed form with the information that was entered. You can "test" your PDF Reader by filling out a couple of fields, then saving & closing the file. Then reopening the file. If your PDF Reader doesn't save the information, download Adobe Reader. <https://get.adobe.com/reader/>

We hope our efforts to create the electronic forms blesses you with a faster way to complete your application.

WELCOME TO SPORTS DAY

HCYA (Homeschool Christian Youth Association) Sports Day is an intramural physical education program that takes place at the Willowbrook Sports Complex, 12539 Perry Road in northwest Houston (see map below). We have five indoor basketball courts and an outdoor cement area for games. Games may include: volleyball, basketball, flag football, war ball, camp games, capture the flag, indoor soccer, street hockey, kickball, and others. Students age 10-18 choose four activities available for their age group to participate in each day when they check-in. Students ages 6-9 are rotated through a pre-determined game schedule in teams that are set for the year to minimize confusion.

MAIL-IN REGISTRATION

You may mail your completed registration packet provided that it is **postmarked** by **September 1st FIRM**. Mailing in your registration will cut down your wait in line on the first day. We can't stress enough to please register by mail, if at all possible. Pre-registered students, with shirts, will be able to proceed directly to daily check-in to pay the daily fee. If new shirts are purchased with your pre-registration you will pick them up at the alphabetical check-in line.

Be sure to **include ALL the following** when you mail in your registration packet:

- **HCYA MEMBERSHIP FORM – NOTE:** *This contains similar information to the Sports Day Registration Form but MUST be filled out and returned WITH your package to complete the required HCYA registration. All Adult staff should include their name and pay the \$20 as well.*
- **SPORTS DAY REGISTRATION FORM** (include legible email address - email is used to communicate **ALL** Sports Day updates. If you don't have email, we **HIGHLY** recommend that you get an email address!) Be sure to include ALL phone numbers where you can be contacted, including cell phone numbers for both parents. Notify us of any changes to your contact information during the year – including email changes.
- **FEE FORM**
- **MEDICAL FORM** (Signature page & Personal Information on back side – 2 pages)
- **T-SHIRT ORDER FORM** (if new shirts needed) - pickup ordered shirts the first sports day
- **CHECK** – please make your check payable to “HCYA” - **DO NOT include the daily fee in your check amount if mailing.** The daily fee will be paid the first Sports Day

OPTIONAL

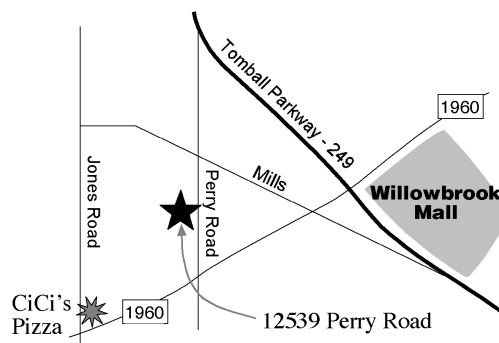
- **STAFF and LAT APPLICATION** (only if applying to serve)
- **BACKGROUND CHECK** (required from all volunteers)

MAIL YOUR REGISTRATION INFO TO:

HCYA Sports Day
c/o Jeannie Tate
12954 Westleigh
Houston, TX 77077

IMPORTANT INFORMATION

- ◆ **Sports Day Questions:** Jeannie Tate – Director :: email sportsday@hcya.org :: 713-397-3878 (c)
- ◆ **HCYA Website:** www.hcya.org for info on all HCYA activities: football, high school soccer, girls volleyball, boys / girls basketball, swimming, track, baseball, high school graduation, and gala. The Sports Day calendar for the year is on the Sports Day page if you need a reminder.
- ◆ **WEATHER CANCELATIONS:** SEVERE weather conditions such as SERIOUS flooding or extreme cold (*there is no heating in the building*) may warrant that Sports Day be cancelled. Use common sense, but don't assume that Sports Day will be canceled because it's raining or cold. If Sports Day is being cancelled a notice will be placed on the website - www.hcya.org or a quick email will be sent out telling of the cancellation by 6:30am of Sports Day. On questionable days check the website and your email, and if there is no cancellation notice expect that Sports Day is taking place.
- ◆ **LOCATION:** Willowbrook Sports Complex, 12539 Perry Road



COSTS

Everyone attending Sports Day will have some of the following fees. If you would like to assist those with a true financial need, bring your clean outgrown Sports Day/other HCYA program shirts to main registration OR a donation check/gift card to Office Max, Wal-Mart, Target, or Academy may be given to Jeannie Tate – note “donation” on any gift check. Sports Day always needs 5 oz drinking cups, which may be brought to registration any time. :

HCYA MEMBERSHIP	\$20 / Person (NOTE: includes staff, all participating kids, LAT teen servants)
DAILY USE FEE	\$ 8 / Person for non-staff kids
DAILY USE FEE - STAFF	\$ 6 / Person for staff kids – max. \$12/day
T-SHIRTS	\$11 / Person (last year’s shirt is fine if you have one)

STAFF VOLUNTEERS NEEDED – ADULTS & TEENS!

Over 50 committed staff are required to make the program work. We have a need for adult staff and part time LATs. The Sports Day management does not like pleading. Positions remain open where you can serve. Call Jeannie Tate – 713-397-3878 or email her (this is best) at sportsday@hcy.org. Returning staff, and those not returning (LAT’s as well), please email immediately to let me know of your availability. If you are new, I will meet with you to review your duties. You will be trained in staff positions. Please prayerfully consider any way you can serve – we need volunteers and cannot serve effectively without you. Adults (including fathers) with even part-time ability are welcome. Please complete the staff application and background check form (this includes all LATs, regardless of age), and turn them in with your mailed registration (preferred) or on site at any Sports Day if you sign up late. Part-timers should list the dates they are available for the year, if known. The background check forms are kept filed off site, and a new one must be turned in every two years.

Sports Day has a need for a limited number of parents of under age 6 children to serve from 8-9:10 each Sports Day. Your younger children must remain with you (we suggest bringing something busy to keep them occupied). Please check this area on the staff form IF you have children that are under age 6 and you are NOT able to stay and serve full time. This staff position has the benefits listed below.

Jeannie Tate needs a couple of families willing to assist unloading the van at the storage unit across the street. This service opportunity is not one that you get the benefits stated below, but it is a huge blessing to her. These servants must be willing to be stay until the last student leaves. Please check this spot on the staff form, and you do not pay the \$20 HCYA Membership fee for yourself as a staff volunteer.

Sophomore team leaders – these staff rotate with the age 6, 7, 8, and 9 age groups and remain with them the entire day. These volunteers assist the assigned coaches and may be asked to coach as well. It is expected that these volunteers will learn the rules and be available to coach at some point.

In addition, Sports Day needs a volunteer servant with a heart for Sports Day that can shadow Jeannie Tate at Sports Day and be prepared to take over as Sports Day Director when she is unable to attend in an emergency this school year. This servant would be considered a possible replacement for Jeannie when she decides it’s time to retire as the Sports Day director. This HCYA Sports Day has been around for over twenty-five years – it would be a true shame to see it die like the other three did due to a lack of parental leadership.

We provide a number of benefits to parents who volunteer to serve on the regular Sports Day staff.

- Children of regular staff attend Sports Day by paying the annual \$20 membership fee and a reduced \$6/day fee with a family maximum being \$12/week.
- Staff /LAT shirts are provided without charge.
- Children of staff register before non-staff kids at Sports Day (8-8:15) and have first choice in activities for the day.

CALENDAR – SPORTS DAY MEETS ON THESE FRIDAYS (NO DATES IN DECEMBER)

2015	September 11	October 9	November 20	
	September 25	October 23		
2016	January 8	February 5	March 4	April 1
	January 22	February 19	March 18	April 15

 **Put these dates on your calendar NOW!**

SCHEDULE OF ACTIVITIES FOR FIRST SPORTS DAY ONLY

8:10 – 9:00	REGISTRATION and SPORTS 1st Period – <i>Informal Sports</i>
9:00 – 9:15	STUDENT MEETING
9:20 – 9:55	2nd Period
10:00 – 10:45	3rd Period
10:50 – 11:25	4th Period
11:30 – 11:45	PARENT ORIENTATION MEETING

To better serve those who are registering the first Sports Day, informal sports will be played until registration is over. The sport periods will be shortened. There will be an orientation meeting for ALL parents and students from 11:30 – 11:45. The cooperation of parents is critical for a successful Sports Day program – please be sure to attend this important meeting.

REGULAR SPORTS DAY SCHEDULE

8:15 – 8:40	REGISTRATION
8:40 – 8:45	PRAYER
8:45 – 9:25	1st Period
9:30 – 10:10	2nd Period
10:15 – 10:55	3rd Period
11:00 – 11:35	4th Period
11:40 – 11:45	CLOSING REMARKS

There may be times where we have a guest speaker, and on those days there will be shortened sessions.

AGE GROUPS

There are three age groups based on the student's age as of **September 1st** of the current school year. No children who turn six during the current school year are admitted without **prior** approval of the director **BEFORE** coming to Sports Day. Please do not ask me at Sports Day – call me or email before the day of Sports Day:

SOPHOMORES	6 – 9 years old	<i>(split for sports: age 6, 7 & 8-9) limit enrollment</i>
JUNIORS	10 - 13 years old	
SENIORS	14 – 18 years old	

GRADUATING SENIORS

Seniors who are graduating in 20156 need to check on the registration form the box for GRAD. SENIOR? This will enable us to notify the graduating seniors of special events for them. The hcya.org will be updated with the 2016 graduation information in December, and all HCYA participants will be notified. The committee for graduation is looking for servants to assist with making graduation a success. For information, just email Jeannie Tate at graduation@hcya.org.

WEEKLY CHECK-IN

Each week the students who have previously registered, and have their HCYA t-shirt on, will check in at the appropriate alphabetical line. It is best that the entire family check in together. The daily fee will be collected and the student's hand will be stamped to show that they have checked in and paid. Students may then proceed to the sport sign up table for their age group where they will also get their name tag (which is returned at the end of each Sports Day.) If students are arriving late they must still go to check-in to pay.

GUESTS

Bring all guests to the Main Registration area at the registration table, **NOT THE LINE YOUR CHILDREN CHECK IN**. Guests are welcome to attend **ONE TIME ONLY**, but they **must** have the following:

- Medical release form signed by a parent, releasing HCYA from liability, giving permission to obtain emergency treatment, and giving contact phone numbers for parents. (*available at www.hcya.org*)
- Guest registration form to be filled out (available at Registration Desk) and online (*available at www.hcya.org*)
- **\$8.00** guest fee
- **\$6.00** T-Shirt Rental Fee (\$3.00 will be returned at the end of the day when the shirt is returned).

CLOTHING

A HCYA t-shirt (this includes volleyball or other HCYA competitive sports shirt) **MUST** be worn and visible during each session. Do not alter the look of the shirt by cutting or decorating it. If, for any reason, you are unable to wear your shirt, you must rent a shirt for that day at the main registration table. The shirt will be turned in at the end of the day. A \$6.00 rental fee will be collected. The \$3.00 deposit will be returned when the shirt is returned that day at the closing time.

NO HCYA SHIRT - NO PLAY!!!

Any shorts or pants worn must be appropriate and modest – **NO leggings without shorts over the leggings allowed**. Only tennis shoes may be worn – no sandals or street shoes or heelies.

Specifically for gentlemen: cutoff shorts OR low riding shorts / pants, ear rings/jewelry, pants chains, bandannas, pony tails, or extreme hair styles and hair colors are not acceptable.

Specifically for ladies: skin tight clothing, short or revealing shorts, leggings without shorts over them, jewelry other than ear posts, and extreme hair styles and hair colors are not acceptable. Please see the *10 Commandments* page for full explanation

WEARING OILS OR COLOGNES

Please refrain from wearing / opening essential oils and colognes at Sports Day. Some volunteers and attendees are highly allergic.

FIRST AID

The Medical Release Forms are very important! Every child involved in sports day must have a medical release form signed. Guests must bring a completed form or a personal letter from their parents giving the medical release information. Students who have asthma should bring their medication (inside a Ziploc bag with their full name in marker on the **original container**) with them to Sports Day and leave it at First Aid. All medications left in the care of the first aid staff **MUST** have names written on them, and doctor information with dosage, and should be picked up at the end of each sports day at First Aid or the closing time.

LEADERSHIP ACTION TEAM – TEEN SERVANTS

The leadership action team (full time or part time) consists of a select group of mature students (15 or older) who have a heart to serve others and are serious about wanting to develop personal leadership skills. This team will provide assistance to coaches, Jeannie Tate, assist the sophomores (age 6-9) in their activities, and provide leadership in coaching where needed. They will each receive a Certificate of Service for the year they volunteer. This volunteer service can be used on future job resumes and high school transcripts to show the student was involved in community service. I will also act as a “reference” for job applications. An application and references are required to be considered for the program. Contact Jeannie Tate immediately by email (sportsday@hcya.org) if you are interested. All Clothing rules apply to Leadership Action Team members also. An application is available online (www.hcya.org) and at the registration table. Please mail your application to Jeannie Tate postmarked by **September 1st** or bring it to any Sports Day – notify her by email of your interest. All teens that are approved to serve as LAT’s will need to complete and turn in the Background check form, which is on the Sports Day website or at Main Registration.

STUDENT PICK-UP TIME

The Sports Day pick up time is 11:45, so parents should be on time. Parents who arrive late force the coaches and leaders to stay late with students who have not been picked up. This is not fair to those who have already sacrificed more than 5 hours of their time to serve the students. We cannot in good conscience leave a child alone on campus, and someone will be forced to stay with them until they are picked up. *A \$10 fee may be charged for students not picked up by 12:00.* Please PARK in the parking places (no parking in the grass area or on the long drives by the two buildings during Sports Day) and come inside to pick up your children. Upon exiting, be aware of other families going to and from their vehicles. If you know you are running late, call Jeannie Tate on her cell phone 713-397-3878. ***Keep this number somewhere in your wallet or cell phone! Be sure any other drivers picking up your children know her contact phone number and 11:45 ending time.***

PIZZA DAYS

CiCi's Pizza provides a Sports Day Pizza Day after every Sports Day. Each family pays the regular prices and Sports Day receives a portion of the amount paid. Please remember to put your receipt in the box by the register. CiCi's is located on the Northeast corner of Jones Road and 1960. See the Sports Day map on the first page for the location. Parents, or older siblings are responsible for their family members while at Cici's.

ONLINE INFORMATION

All forms are available to download at HCYA's website:

www.hcya.org (<http://www.hcya.org/sportsdayhouston.htm>)

Click on the link to Sports Day to get to the Sports Day page. Special notices and reminders will be posted on HCYA's home page. To download forms go to the bottom of the Sports Day page and follow the instructions.

**🔊 ALL SPORTS DAY COMMUNICATIONS WILL BE THROUGH THE WEBSITE OR EMAIL
NO INFORMATION WILL BE MAILED**

SPORTS DAY ADVERTISING

If your family participates in a support group or co-op classes, and you would like for Sports Day and other HCYA activities to be publicized with your group, please send an email to Jeannie Tate. HCYA can send a representative to your support group meeting or even send an article to your support group newsletter etc. You are very often HCYA's best advertiser.

ELECTRONIC PDF DOCUMENTS

PLEASE help us save both of us time by filling in the following forms on your computer before printing!

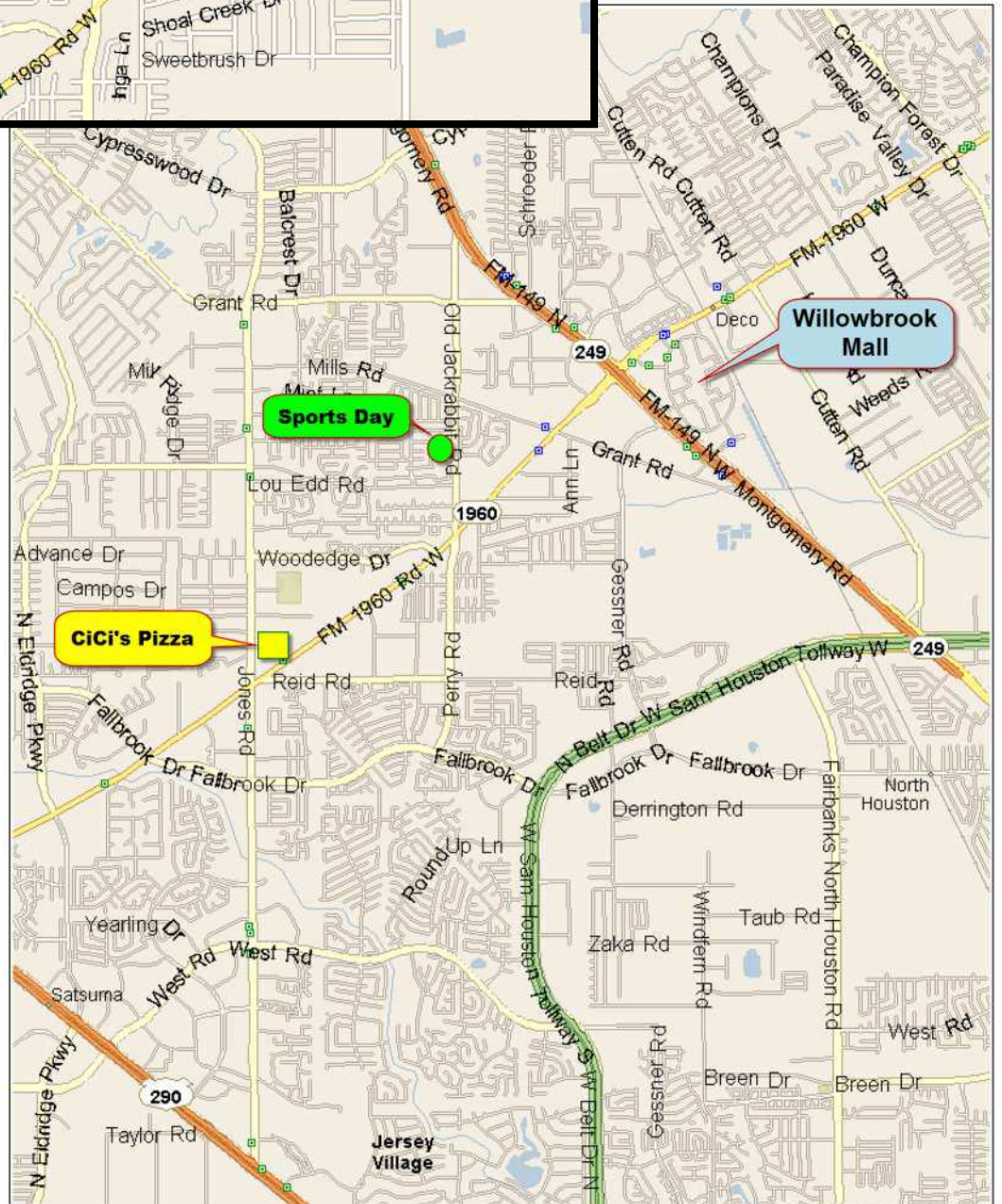
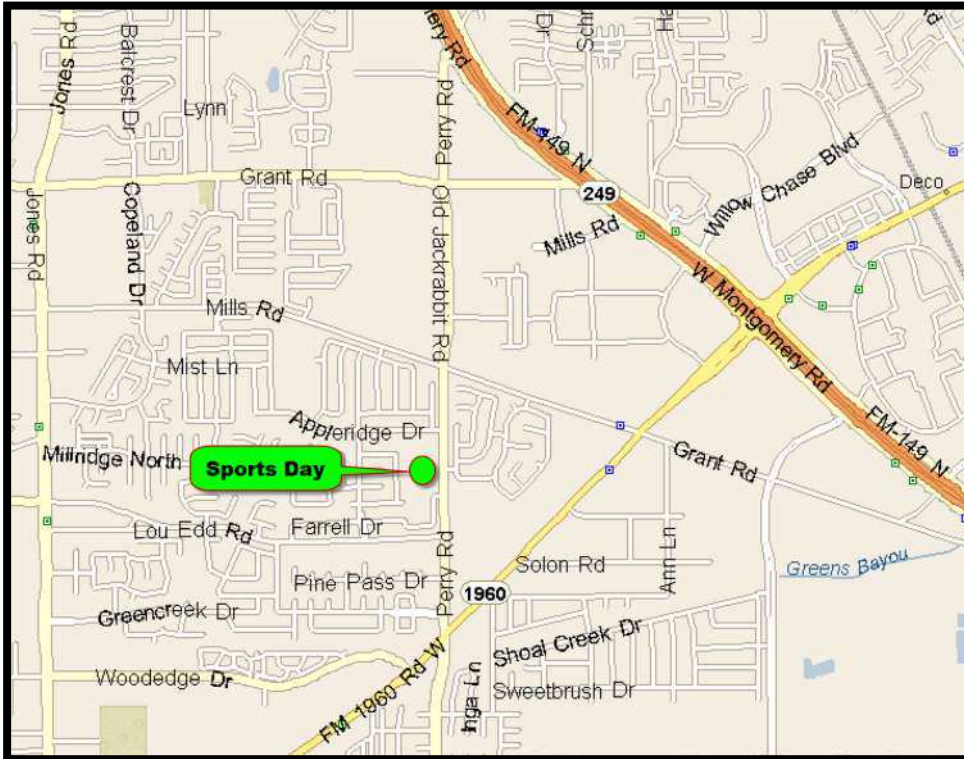
The forms have been designed to speed up the process of completing the documents. Filling in the HCYA Membership form will automatically fill in the same fields in many of the registration forms.

Be sure to check each field in all the forms!! Some fields are NOT filled out automatically from the HCYA Membership form.

You may also print the forms and fill them out by hand, but that is slower *and harder to read!*

HCYA SPORTS DAY

12539 Perry Road
Houston, TX 77070



10 COMMANDMENTS



HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION

RULES TO PLAY BY!

STUDENTS AND PARENTS MUST READ THESE BEFORE STUDENTS PARTICIPATE!!

- PRIVILEGE:** HCYA admits homeschool students of any race, color, national and ethnic origin to its programs. It does not discriminate on the basis of any of these in administration of its educational, admissions or scholarship programs. Sports Day is an activity graciously presented by homeschooling volunteer staff for the benefit of other home schooling families. Participation is reserved for those who are legally homeschooling their children under the laws of the state of Texas and respect HCYA's services and leaders/volunteers. Rebellion or defiance toward authority **WILL NOT BE TOLERATED!** Repeated or severe violations will be grounds for denying the student's privilege to attend Sports Day.
- REGISTRATION:** On arriving at the facility, go directly to the registration area. No student (including staff children) will be allowed to participate without having his hand stamped to show he has checked in and paid all fees. You must attend the activity that you have signed-up for according to the age you are on September 1st of the current school year unless PRIOR permission has been given by the director. *A birthday during the school year does not mean the child moves to a new age group (ie. A child turning age 10 does not move UP to the Junior age group for ages 10-13).*
If you are arriving late: Go to the registration area and sign-up. DO NOT proceed to the activities area until you have registered, paid, and had your hand stamped. Reminder: each new school year the \$20 HCYA Membership fee is paid.
- ELECTRONICS:** Video Arcade is OFF LIMITS! Please have your children leave all cell phones and electronic devices in backpacks or purses – not pockets, for safety reasons.
- GAME CALLS:** All game rules will be established by the assigned coach or LAT for that activity. Please abide by their rules and decisions made during the games.
- DISTRIBUTION OF LITERATURE:** Distribution of literature, except by the leadership in HCYA, is prohibited without prior permission from the director ahead of time.
- BEHAVIOR:** Bad language; disrespect/name calling/bullying of coaches or other students; fighting; intentional damage to equipment or facilities; roaming through, or off, the facilities; smoking; or general misbehavior **will not be tolerated.** Students will conduct themselves in a safe manner while participating in all sport activities. Weapons should be left at home – including pocket knives. No student will take actions which may endanger their safety or the safety of others. Rebellion or defiance towards authority **WILL NOT BE TOLERATED!** **NO** public display of affection allowed. **First Behavior Offense:** student will be talked to and name noted, **Second Offense:** student will be talked to and parent called with reminder that third offense they will be asked to never return to Sports Day **Third Offense:** Dismissal from Sports Day **Note:** Dismissal at **any time** is at the discretion of the director.
- DON'T WANDER:** Following an activity, when the period is over, move directly to your next activity or skill session. Stay in HCYA activity area only. Do not enter any OFF LIMITS areas or leave the campus. Violations will be dealt with **severely!** The parking lot where cars are parked is off limits during Sports Day. Loitering in restrooms or outside is prohibited.
- CLOTHING:** A HCYA t-shirt (this includes volleyball or other HCYA competitive sports shirt) **MUST** be worn and visible during each session. Do not alter the look of the shirt by cutting or decorating it. If, for any reason, you are unable to wear your shirt, you must rent a shirt for that day at the main registration table. The shirt will be turned in at the end of the day. A rental fee and a deposit will be collected. The deposit will be returned when the shirt is returned. Any shorts or pants worn must be appropriate and modest. Only tennis shoes may be worn – no sandals or street shoes or boots or heeled shoes. *Specifically for gentlemen:* cutoff shorts, ear rings/jewelry/pants chains, gothic clothing/accessories, revealing undergarments, pony tails, extreme hair styles and hair colors are not acceptable. *Specifically for ladies:* skin tight clothing, short or revealing shorts, **leggings without shorts over the leggings**, gothic jewelry/makeup, dangle ear rings and extreme hair styles and hair colors are not acceptable. **NO HCYA SHIRT - NO PLAY!!!**
- FOOD/DRINK:** Do not expect there to be a snack machine for purchasing food at Sports Day. No food or beverages on courts. No gum at any time by anyone on the facility grounds. Throw away your trash. Use of machines is at your own risk! You may bring a snack / water from home, but be advised, there is no "break time." Please put your name on drink bottles.
- ACCIDENTS:** If you are hurt, **tell your coach immediately!** Do not leave the field without the coach's knowledge and without an escort as directed by your coach.

HCYA MEMBERSHIP FORM



Please Print Legibly! – Include \$20.00 for each student

DATE OF REGISTRATION: _____

SCHOOL YEAR ENROLLING FOR: 20 ____ — 20 ____

FAMILY INFORMATION: *Notify us of any changes during the year*

FATHER'S NAME _____, _____ EMPLOYER/JOB _____
Last First

MOTHER'S NAME _____, _____ EMPLOYER/JOB _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

FAMILY HOME PHONE _____

FATHER EMAIL _____ MOTHER EMAIL _____

FATHER WORK PHONE _____ MOTHER WORK PHONE _____

FATHER CELL PHONE _____ MOTHER CELL PHONE _____

NOTE: email is used for ALL notices and announcements. If you don't have email you will receive NO notices or information!

SUPPORT GROUP MEMBER? Yes: Years _____ S.G. CONTACT PERSON _____

SUPPORT GROUP NAME _____ S.G. CONTACT PHONE _____

S.G. AREA OF TOWN _____ S.G. WEBSITE URL _____

STUDENT INFORMATION: NAME = LAST NAME, "Name go by" *(Only include students enrolling in HCYA activities)*

Student 1 Name _____, _____ SEX: ____ Birthdate: _____ Age: _____
Last First

Student 1 EMAIL: _____ Yrs. Homeschooled: _____ GRAD. SENIOR? in HCYA last year?

Student 1 CELL PHONE: _____ Other HCYA activities involved in: _____

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? _____

Student 2 Name _____, _____ SEX: ____ Birthdate: _____ Age: _____

Student 2 EMAIL: _____ Yrs. Homeschooled: _____ GRAD. SENIOR? in HCYA last year?

Student 2 CELL PHONE: _____ Other HCYA activities involved in: _____

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? _____

Student 3 Name _____, _____ SEX: ____ Birthdate: _____ Age: _____

Student 3 EMAIL: _____ Yrs. Homeschooled: _____ GRAD. SENIOR? in HCYA last year?

Student 3 CELL PHONE: _____ Other HCYA activities involved in: _____

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? _____

CHECK IF ENROLLING MORE THAN 3 STUDENTS *(and using 2 Registration Forms)*

ACKNOWLEDGMENT OF HCYA'S RULES:

We, the parents of the above students, have reviewed and acknowledge the STATEMENT OF PURPOSE and STATEMENT OF BELIEF for HCYA. We agree that our family supports the goals of HCYA and will follow the rules of HCYA's programs. We understand that HCYA reserves the right to expel my child for repeated or serious violations. We certify that we are legally home schooling according to Texas law.

Father's Signature: _____ Mother's Signature: _____

OFFICE USE ONLY:	Date HCYA Member Fee Pd: _____	Received By: (Initials) _____
	Amount Received: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check: No. _____

HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION

STATEMENT OF PURPOSE

The HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION ("HCYA") is a non-profit, incorporated, Christian service organization established to serve home school families and students in Houston and the surrounding area. The Board consists of volunteer Christians who desire to accomplish the following Statement of Purpose and who agree with the following Statement of Belief.

Purpose:

The purpose of the HCYA is to provide positive and constructive opportunities for the social, physical, and educational growth of older home school students in the greater Houston area. HCYA's efforts may include, but not be limited to, the operation of a homeschool Sport's Day program, the offering of educational classes and workshops, and the publishing of a HCYA newsletter.

HCYA has purposed that the organization and all of its activities and publications will be consistently and forthrightly Christian to the honor and glory of the Lord God. HCYA does not discriminate in its provision of services due to race or religion. HCYA admits homeschool students of any race, color, nation, and ethnic origin to its programs. It does not discriminate on the basis of any of these in administration of its educational, admissions, or scholarship programs.

STATEMENT OF BELIEF

We Believe:

1. The Bible is the inspired and infallible Word of God and constitutes completed and final revelation. The Bible, in its original autograph, is without error in whole and in part, including theological concepts as well as geographical and historical details.
2. God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit. Jesus Christ was God come in human flesh being fully God and fully man except without sin.
3. All men are in violation of God's righteous requirements and His holy character both by nature and act, and are therefore under His wrath and just condemnation. The central purpose of the coming of Jesus Christ was to pay the penalty for man's sin through His substitutionary death on the cross - the successful accomplishment of which was attested to by His subsequent visible, bodily resurrection.
4. Salvation is offered as a gift, free to the sinner. This gift must be responded to in individual faith, not trusting in any personal works whatsoever, but in the sacrificial death of Jesus Christ alone.

HCYA does not require that participants agree with all points of its Statement of Belief. Only that all participants recognize and accept that HCYA and its leadership adheres to the Statement of Belief.

SPORTS DAY REGISTRATION



Please Print Legibly!

DATE OF REGISTRATION: _____

SCHOOL YEAR ENROLLING FOR: 20 ____ — 20 ____

STUDENT INFORMATION: NAME = LAST NAME, "Name go by" (Only include students enrolling in HCYA activities)

Student 1 Name _____, _____ SEX: ____ Birthdate: _____ Age: ____
Last First

Student 1 EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?

Student 1 CELL PHONE: _____ Other HCYA activities involved in: _____

Student 2 Name _____, _____ SEX: ____ Birthdate: _____ Age: ____

Student 2 EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?

Student 2 CELL PHONE: _____ Other HCYA activities involved in: _____

Student 3 Name _____, _____ SEX: ____ Birthdate: _____ Age: ____

Student 3 EMAIL: _____ Yrs. Homeschooled: ____ GRAD. SENIOR? in HCYA last year?

Student 3 CELL PHONE: _____ Other HCYA activities involved in: _____

CHECK IF ENROLLING MORE THAN 3 STUDENTS (and using 2 Registration Forms)

FAMILY INFORMATION: Notify us of any changes during the year

FATHER'S NAME _____, _____ EMPLOYER/JOB _____
Last First

MOTHER'S NAME _____, _____ EMPLOYER/JOB _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

FAMILY HOME PHONE _____

FATHER EMAIL _____ MOTHER EMAIL _____

FATHER WORK PHONE _____ MOTHER WORK PHONE _____

FATHER CELL PHONE _____ MOTHER CELL PHONE _____

NOTE: email is used for ALL notices and announcements. If you don't have email you will receive NO notices or information!

HOW DID YOU FIND OUT ABOUT SPORTS DAY?:

Please tell us how you learned about Sports Day: _____

SUPPORT GROUP MEMBER? Yes: Years _____ S.G. CONTACT PERSON _____

SUPPORT GROUP NAME _____ S.G. CONTACT PHONE _____

ACKNOWLEDGMENT OF HCYA'S RULES:

We, the parents of the above students, have reviewed the 10 COMMANDMENTS and STATEMENT OF FAITH for HCYA with our children. We agree that our family supports the goals of HCYA and will follow the rules of HCYA. We understand that HCYA reserves the right to expel my child for serious or repeated violations. We certify that we are legally home schooling according to Texas law.

Father's Signature: _____ Mother's Signature: _____

HCYA STAFF INFO.: The program runs with volunteer servant parents. If you would like to serve please tell us what area:
Registration, Coach (of what?), Administration, Part-Time (do you have young children)

MOTHER: _____ FATHER: _____

OFFICE USE ONLY - Show Dates Received:		Staff Initials _____	Entered in Computer - Date _____
Daily Fee Rcvd - Date _____	Medical Form Received - Date _____		
T-Shirt Fee Pd. - Date _____	HCYA Mem. Fee Rcvd. - Date _____	Amt \$ _____	

SPORTS DAY FAMILY FEES



SCHOOL YEAR: 20 ____ – 20 ____

Please Print Legibly!

FAMILY REGISTRATION INSTRUCTIONS

- Have **each** student AND parent read the **10 COMMANDMENTS** which defines the rules for the HCYA program. They will be enforced.
- Fill out **HCYA MEMBERSHIP FORM** carefully. Up to three (3) students on each form. Include all information requested. Read STATEMENT OF PURPOSE & STATEMENT OF FAITH on 2nd page. **Staff included.**
- Fill out **SPORTS DAY REGISTRATION FORM** carefully. Three students on each form. Students age 6 and older only – unless you have **prior permission** from the Director **before** attending Sports Day.
- Fill out **MEDICAL AUTHORIZATION FORM** carefully. **Two Pages.**
- Fill out this **FAMILY FEES FORM** with the names of the students who will be **attending**. In the right column total the fees for each student. Total the right column to determine the Total Family Fees. **Enclose check for proper amount made out to HCYA. DO NOT include any daily fees when mailing in paperwork! Please pay attention to the deadline for mailing forms.**
- Fill out one **T-SHIRT ORDER FORM** for each student getting a new shirt.

	STUDENT'S NAME Last Name, Name go by ¹	HCYA MEMBER FEE SEE BELOW	DAILY FEE	DAILY FEE	T-SHIRT ² (optional)	TOTAL
			(First Day) NON-STAFF	(First Day) STAFF		
1.	,	\$ 20.00	\$ 8.00 ³	\$ 6.00 ³	\$ 11.00	
2.	,	\$ 20.00	\$ 8.00 ³	\$ 6.00 ³	\$ 11.00	
3.	,	\$ 20.00	\$ 8.00 ³	no charge	\$ 11.00	
TOTAL FAMILY FEES						

¹ HCYA uses the name each student usually goes by for all of its records.

² Last year's T-Shirt is acceptable

³ Logistics do not allow us to accept payment for the first daily fee with mail-in sign-up.

DO NOT include any daily fees if you are pre-registering.

HCYA MEMBERSHIP FEE: Every participant, whether staff, student, or LAT, is required to pay this fee. These funds help to pay for HCYA's liability insurance policy. The Homeschool Christian Youth Association operates as an independent, non-profit service to home schooling students in the greater Houston area. We make an effort to cover expenses without creating a major burden on any family. Our fees are purposefully kept low because we recognize, as home schoolers ourselves, that many home school families face severe budgetary restrictions. ***If the fees are a true burden on your family please talk to the Sports Day Director at registration.*** HCYA is a 501(c)(3) tax-exempt non-profit organization. If your family would like to make a donation to support Sports Day, please talk to the Director.

DAILY FEE: Each time a student attends they will pay a Daily Fee at the Registration table. Each student's hand will be stamped, and they will pick up their name tag to show that they have registered and paid for that day.

T-SHIRTS: Each participant/staff/LAT in the HCYA program is required to wear a HCYA t-shirt. A t-shirt order form must be filled out for each student who orders a shirt. A HCYA shirt from last year may be worn if it still fits or one of the competitive sports shirts is acceptable. If you forget your HCYA shirt one must be rented for the day.

MEDICAL AUTHORIZATION



COMPLETE BOTH SIDES!

Name of **Student 1 Name:** _____ , _____
Children: **Student 2 Name:** _____ , _____
Last, First **Student 3 Name:** _____ , _____

CHECK IF ENROLLING MORE THAN 3 STUDENTS (and using 2 Registration Forms)

In consideration of my child's participation in the Homeschool Christian Youth Association (HCYA) program:
I hereby authorize, in the event my child suffers injury, any director, coach, medical attendant, or adult leader of the HCYA program to consent to emergency medical treatment for my child when I cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment and general hospital care. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. EXCEPT AS NOTED BELOW, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a supervisor or medical attendant of the HCYA program to give specific consent to any and all such examination, treatment, or hospital care.

Except as indicated below, I specifically give my consent for first aid treatment with bandages and antibiotic ointment (*Neosporin, Neomycin, Mycitracin, Bacitracin, and/or Polymyxin*), Hydrogen Peroxide, Vaseline, Ibuprofen, Naproxen and/or Tylenol.

NOTES & EXCEPTIONS

I and my child hereby release, absolve and hold harmless the directors, coaches, medical attendant, and adult leaders of the Homeschool Christian Youth Association sports program, and the facility where it is held, from any and all liability for all losses, damages or injuries occurring as a result of my child's participation in the association's activities. I further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of a medical emergency.

I understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for my child to participate in the HCYA program.

I hereby verify that I understand and accept the terms of this Authorization, and that my child is in good physical condition and not limited to participate in any physical activities of the HCYA program except as noted on the back.

Signature of Parent or Legal Guardian:

Date:

COMPLETE BOTH PAGES!

MEDICAL AUTHORIZATION

STUDENT INFORMATION

Please Print Legibly!

Please put "NONE" OR "N/A" when NOT APPLICABLE

MEDICAL INFORMATION: Please indicate any special limitations, problems, or needs of each student (e.g. existing illness, previous injuries, handicaps, allergies to drugs, limitations on physical activities). Children with Asthma or other medical needs should bring their medication in the original pharmacy container to first aid person and check it in with the first aid person or coach each time. Tell us anything else we should know about your child (shy, ADHD, does not play easily with others)? Additional information may be required for asthmatic children. Please see the first aid person to be sure.

STUDENT INFORMATION: NAME = LAST NAME, "Name go by" (Only include students enrolling in HCYA activities)

Student 1 Name _____, _____ SEX: ____ Birthdate: _____ Age: ____
Last First

Medical Info (note any allergies): _____

Other Info: _____

Student 2 Name _____, _____ SEX: ____ Birthdate: _____ Age: ____

Medical Info (note any allergies): _____

Other Info: _____

Student 3 Name _____, _____ SEX: ____ Birthdate: _____ Age: ____

Medical Info (note any allergies): _____

Other Info: _____

FAMILY INFORMATION: [Notify us of any changes during the year](#)

Father's Name _____, _____ Employer/Job _____
Last First

Mother's Name _____, _____ Employer/Job _____

Address: _____ City _____ State _____ Zip _____

Family Home Phone _____

Father Email _____ Mother Email _____

Father Work Phone _____ Mother Work Phone _____

Father Cell Phone _____ Mother Cell Phone _____

INSURANCE COMPANY NAME (Insurance not required to participate): _____

Policy Holder Name: _____ SS# _____

Employer Of Policy Holder: _____

Policy No: _____

PHYSICIANS NAME _____

Address _____ City _____ State _____ Zip _____

Physician's Phone _____ Physician's Hospital _____

PERSON TO CONTACT, OTHER THAN PARENT, IN CASE OF EMERGENCY

Emergency Contact Name: _____

Emrg Home Phone _____ Emrg Work Phone _____ Emrg Cell Phone _____

SPORTS DAY T-SHIRT ORDER

Please Print Legibly!

NEW Student T-SHIRT - \$ 11.00 each **LAT T-SHIRT - FREE** **STAFF T-SHIRT - FREE**

NAME: _____ DATE: _____

NEW T-SHIRT SIZE: YM YL Adult S Adult M Adult L Adult XL Adult XXL

Office Use Only:	PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
<input type="checkbox"/> BACK ORDER: waived rental for today	STUDENT'S PHONE _____
<input type="checkbox"/> BACKORDERED SHIRT DELIVERED: _____	<input type="checkbox"/> ENTERED IN TSHIRT BOOK

SPORTS DAY T-SHIRT ORDER

Please Print Legibly!

NEW Student T-SHIRT - \$ 11.00 each **LAT T-SHIRT - FREE** **STAFF T-SHIRT - FREE**

NAME: _____ DATE: _____

NEW T-SHIRT SIZE: YM YL Adult S Adult M Adult L Adult XL Adult XXL

Office Use Only:	PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
<input type="checkbox"/> BACK ORDER: waived rental for today	STUDENT'S PHONE _____
<input type="checkbox"/> BACKORDERED SHIRT DELIVERED: _____	<input type="checkbox"/> ENTERED IN TSHIRT BOOK

SPORTS DAY T-SHIRT ORDER

Please Print Legibly!

NEW Student T-SHIRT - \$ 11.00 each **LAT T-SHIRT - FREE** **STAFF T-SHIRT - FREE**

NAME: _____ DATE: _____

NEW T-SHIRT SIZE: YM YL Adult S Adult M Adult L Adult XL Adult XXL

Office Use Only:	PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
<input type="checkbox"/> BACK ORDER: waived rental for today	STUDENT'S PHONE _____
<input type="checkbox"/> BACKORDERED SHIRT DELIVERED: _____	<input type="checkbox"/> ENTERED IN TSHIRT BOOK

SPORTS DAY T-SHIRT ORDER

Please Print Legibly!

NEW Student T-SHIRT - \$ 11.00 each **LAT T-SHIRT - FREE** **STAFF T-SHIRT - FREE**

NAME: _____ DATE: _____

NEW T-SHIRT SIZE: YM YL Adult S Adult M Adult L Adult XL Adult XXL

Office Use Only:	PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
<input type="checkbox"/> BACK ORDER: waived rental for today	STUDENT'S PHONE _____
<input type="checkbox"/> BACKORDERED SHIRT DELIVERED: _____	<input type="checkbox"/> ENTERED IN TSHIRT BOOK

SPORTS DAY STAFF APPLICATION



Homeschool Christian Youth Association

Please Print Legibly!

SCHOOL YEAR APPLYING FOR: 20 ____ — 20 ____

Please turn in a background check form if you did NOT serve last school year!

APPLICANT INFORMATION:

DATE OF APPLICATION: _____

NAME (Last Name, Name Go By): _____ , _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

Email write clearly _____

SEX: _____ YRS. HOMESCHOOLING: _____

SPORTS DAY STAFF LAST YR?

DO YOU HAVE CHILDREN UNDER 6 YRS Y N

Children under 6 are not allowed to remain on site unless supervised by someone while you are serving

TELL US ABOUT YOURSELF:

Why do you want to join the Sports Day staff?

Where would you like to serve?

I am available only part time for these dates noted here.

I am sharing my position and have noted his/her name at the bottom of the page. My available dates are:

Indicate areas of experience by filling in the blank as follows: 0 no experience; 1 some experience; 2 high experience

- | | | |
|---|--|---|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Parachute Games | <input type="checkbox"/> Camp Games |
| <input type="checkbox"/> Street Hockey | <input type="checkbox"/> Capture the Flag | <input type="checkbox"/> Ultimate Frisbee |
| <input type="checkbox"/> Basketball Skills /Game | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Scooter games |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> War Ball | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Relay games | <input type="checkbox"/> Kick Ball | <input type="checkbox"/> Admin / Financial full time |
| <input type="checkbox"/> Assist with unloading van at the storage locker after Sports Day | <input type="checkbox"/> Frisbee golf | <input type="checkbox"/> Junior game sports sign up (<i>only for parents of under age 6 children</i>) |
| | <input type="checkbox"/> Age 6-9 Sophomore team leader | <input type="checkbox"/> Other: _____ |

I WILL BE SHARING MY JOB WITH: *(part time but coordinating schedule to fill the position requirements)*

NAME _____

HOME PHONE _____ CELL PHONE _____

Email _____

LEADERSHIP ACTION TEAM



Homeschool Christian Youth Association

Please Print Legibly!

SCHOOL YEAR APPLYING FOR: 20____ — 20____

Please turn in a background check form if you did NOT serve last school year!

APPLICANT INFORMATION: (HCYA uses the name each student usually goes by for all of its records.) An additional background information form will be given you later.

DATE OF APPLICATION: _____

STUDENT'S NAME (Last Name, Name Go By): _____, _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ GRAD. SENIOR? SPORTS DAY LAST YR?

SEX: _____ BIRTHDATE _____ AGE _____ YRS. HOMESCHOOLED: _____

TELL US ABOUT YOURSELF:

Why do you want to join the Leadership Action Team?

What do you hope to learn by being on the Leadership Action Team?

Which sports would you like to be off to play and participate with the senior group?

Indicate areas of experience by filling in the blanks: 0 no experience; 1 some experience; 2 high experience

- | | | |
|------------------------------|-----------------------|-----------------------------------|
| ____ Soccer | ____ Parachute Games | ____ Camp Games |
| ____ Street Hockey | ____ Capture the Flag | ____ Sophomore team leader/helper |
| ____ Basketball Skills /Game | ____ Flag Football | ____ Kick Ball |
| ____ Volleyball | ____ Tumbling | ____ Ultimate Frisbee |
| ____ Relay games | ____ War Ball | ____ Scooter games |
| ____ Frisbee golf | ____ Twister | ____ Other (explain): |

Student's Signature: _____

REFERENCES:

Complete the following information and attach **ONE** letter of recommendation from **ONE** of the following individuals:

• **HCYA STAFF PERSON THAT KNOWS YOU:**

NAME _____ PHONE _____

• **YOUR PASTOR, YOUTH DIRECTOR, OR CHURCH DEACON OR ELDER:**

NAME _____ PHONE _____

STAFF BACKGROUND CHECK CONSENT



Year _____ - _____ (Example 2015-2016)

Please complete this form if you did NOT serve as a volunteer the previous school year

The Homeschool Christian Youth Association (HCYA) requires this form and the pertinent data requested for all volunteers and staff on a regular basis. Your service as an HCYA Volunteer or Staff person is important, valuable, and very much appreciated. Certain administrative matters will be facilitated by the data requested. The purpose of the form is to accomplish and establish the following: **Medical Release and Liability, Certification, Consent for Criminal Background Check, Authorization, Waiver, Release, Indemnity.**

(Please Print All Information)

Full Legal Name: _____ Nickname _____

Address, City State ZIP: _____

Former Address if you have lived at current address less than five years: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone Number: _____

Driver's Lic. # _____ State _____ Expires _____

Soc. Sec. # _____ US Citizen? Yes No

DOB (MM/DD/YYYY) _____ City, State of birth _____

Describe your prior experience working with youth:

Describe your prior experience working with youth sports activities:

Have you ever been convicted of a felony or a misdemeanor? Yes No

Has any court ever received a plea of guilty or *nolo contendere* from you for any offense?
Yes No

Have you ever voluntarily resigned, been removed from a position of authority, or been arrested for moral turpitude or dishonesty? Yes No

Please provide an explanation for any “yes” response above:

The Homeschool Christian Youth association (HCYA) has a deliberate concern about the safety and abuse of children. As a person who is interested in the well being of children, we believe you are entitled to know how our organization is dealing with this critical issue. In addition, as an applicant for a volunteer/staff position with our organization, you need to know the measures we will employ to protect children in our care, as well as our volunteers and staff, from this serious problem.

It is HCYA’s intent to make every reasonable effort to deny from participation any person who has been convicted of a crime of violence or a crime against another person that would bring unnecessary risk to the health or safety of any participant in any of HCYA’s various programs. We will attempt to screen out molesters through a background check. We try to structure our activities so that volunteers/staff are not left alone with children. We will take any allegations by children and others very seriously. We will refer allegations to the State law enforcement authorities for investigation and will fully cooperate in any investigation.

I certify that all of my statements on this application, the information provided, and any attachments hereto, are true and complete to the best of my knowledge. I also certify that I have not withheld any information that would affect my application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer or staff position with HCYA or, following acceptance of service, may be cause for the immediate termination of my relationship with HCYA. I further certify that I understand the intent of HCYA is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I acknowledge that HCYA will, and hereby give my unconditional permission to HCYA to, inquire as deemed necessary into my prior employment, experience, relationships with others, and background, including criminal background checks which may contain arrest and conviction data, plea bargains, and any type of probation including deferred adjudication or “pre-trial diversion.” I give my permission for HCYA to obtain information relating to my criminal history record from a background check vendor and/or licensed private investigator. I understand that this information will be used, in part, to determine my eligibility for a staff/volunteer position with the HCYA organization. I also understand that as long as I remain as an employee or volunteer here, the background history checks

may be repeated at any time. I understand that a procedure is available for clarification and that I will have an opportunity the criminal history if I dispute the record as received.

I hereby waive any right to assert that such investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in HCYA activities, and I fully consent to such investigation. I the undersigned, for myself, my heirs, executors, administrators, and representatives, do hereby remise, release, and forever discharge and agree to indemnify and hold harmless any involved background check vendor and/or licensed private investigator, HCYA, its directors, officers, employees, volunteers, agents and representatives, its affiliates and sponsors, and their directors, officers, employees, volunteers, agents and representatives, as well as any third parties, if any , that HCYA contacts, directly or indirectly, regarding my application to, or future services with HCYA, from and against any and all causes of actions, suits, liabilities, cost, debts, and sums of money, claims and demands what so ever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

I further agree to conform to the rules, regulation, and policies of HCYA and I understand that my service/employment and compensation, if any, can be modified or terminated, with or without notice or cause, at any time, at the option of either HCYA or myself. I understand that no representative of HCYA has the authority to enter into any agreement for service/employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand and agree that HCYA may, in its sole discretion, decline to accept my application for volunteer/staff services with or without cause.

I agree that I will abide by the rules of HCYA and, if any, its affiliate or sponsors. Recognizing the possibility of physical injury and in consideration for HCYA accepting me as a volunteer or staff person for one or more of the HCYA programs or activities, I hereby release, discharge and/or otherwise indemnify HCYA and, if any. Its affiliates and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized in or for any of the HCYA programs or activities, against any clam by or on behalf of me as a result of my participation in the programs or activities of HCYA and/or being transported to or from the same, which transportation hereby authorize.

In the event of a medical or dental emergency concerning myself, I authorize any other HCYA volunteer or staff person to engage such and, I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of and for myself. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from myself as a result of any treatment provided.

Signature _____ Date _____

Printed Name _____

Parent's Signature if volunteer is under age (18): _____

Parent's printed Name: _____