



Victory Christian Academy

1100 N Radio Hill Rd. Gainesville, TX 76240 || PH: 940-736-0241

VICTORY CHRISTIAN ACADEMY - SUMMER ENRICHMENT PROGRAM
ENROLLMENT FORM

STUDENT INFORMATION:

NAME: _____ AGE: _____
LAST GRADE COMPLETED: _____
DIETARY RESTRICTIONS: _____
LAST SCHOOL ATTENDED: _____

PARENT/LEGAL GUARDIAN INFORMATION:

NAME: _____ RELATIONSHIP: _____
PHONE: _____
EMAIL: _____ WORK PHONE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

AUTHORIZED PICKUP

NAME: _____ NAME: _____

NAME: _____ NAME: _____

I give permission for my child, whose name is set forth below, to take part in all activities including, without limitation, transportation to and from school, Victory Christian Academy sponsored trips away from the VCA campus. I indemnify and exclude Victory Christian Academy, its affiliates, teachers, and aids harmless from any liability in the above-mentioned activities. I understand Victory Christian Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed below attends Victory Christian Academy Summer Enrichment Program. Any references herein to "child" shall include and refer to all of the children listed below which I affirm are under my legal care as their parent or as their legal guardian.

Signature of Parents/Legal Guardian:

Name

Date

Name

Date