

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: \$ _____

Cash 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.

MEDICAL AUTHORIZATION



COMPLETE BOTH SIDES!

Name of Children: Last, First

Student 1 Name: _____, _____

Student 2 Name: _____, _____

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 _____