

HARGRAVE MILITARY ACADEMY

200 Military Drive

Chatham, VA 24531

Telephone: 434.432.2686 • FAX: 434.432.3129 • Email: amanda.weishaar@hargrave.edu

Sports Camp Application - Summer 2025

Statement: I hereby make my application for the admission of the individual named herein to Hargrave Military Academy Summer Sports Camp. In doing so, I subscribe to the regulations and the spirit of discipline set forth by Hargrave Military Academy. All sections of this form must be completed in its entirety.

I: ATTENDEE INFORMATION:

Name:	(First)	(Middle)	(Last)	(Preferred)
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Residential Address:	(Street)	(City)	(State/Zip)
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Date of Birth:	Incoming Grade:
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T-Shirt Size (please circle):	YS	YM	YL	AS	AM	AL	AXL
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Please Note there is only ONE T-Shirt given out per participant regardless of the number of sports camps they attend.

Hargrave Military Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities accorded or made available to its Cadets. Hargrave Military Academy does not discriminate by race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and all other school-administered programs.

Questions? (434) 432 - 2686 or amanda.weishaar@hargrave.edu

II: PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN ONE:

Name:	(First)	(Last)	(Relationship to Attendee)
Residential Address:	(Street)	(City)	(State/Zip)
Cell Phone Number:	Work Number:		
Email Address:			

PARENT/GUARDIAN TWO:

Name:	(First)	(Last)	(Relationship to Attendee)
Residential Address:	(Street)	(City)	(State/Zip)
Cell Phone Number:	Work Number:		
Email Address:			

Legal Custody:		Joint Legal Custody between 2 partners
		Sole Legal Custody with the Father
		Sole Legal Custody with the Mother
		Legal Guardian Other Than Parents

III: MEDICAL INFORMATION:

Please complete this section as thoroughly as possible to ensure that the attendee can participate to their full potential. Hargrave's trained coaches can adapt the lesson plan with the accurate information you provide.

ALLERGIES:

Please list any allergies that the attendee has and their reactions to these allergies:

Please list any physical and/or emotional conditions:

MEDICATIONS:

Please list any medications that the attendee takes:

Medication Name:	Dosage:
Does the attendee require the medicine on them? Y/N	How often?

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Does the attendee require the medicine on them? Y/N	How often?

IV: ACTIVITY SELECTION:

CUBS CAMP

Grades (Incoming) 4th - 6th. Open to Boys and Girls.

Sports Camps Times: 6:00 pm - 7:30 pm

\$60 per camp (\$10 discount for 2nd sibling OR attendee attending a 2nd/3rd/4th sports camp)

Soccer	☐	July 7th - 10th
Football	☐	July 14th - 17th
Basketball	☐	July 21st- 24th
Wrestling	☐	July 28th - 31st

SIGN - UP DEADLINE

July 2nd

July 9th

July 16th

July 23rd

TIGERS CAMP

Grades (Incoming) 7th - 12th. Open to Boys Only.

Sports Camps Times: 6:00 pm - 8:00 pm

\$60 per camp (\$10 discount for 2nd sibling OR attendee attending a 2nd/3rd/4th sports camp)

Soccer	☐	July 7th - 10th
Football	☐	July 14th - 17th
Basketball	☐	July 21st- 24th
Wrestling	☐	July 28th - 31st

SIGN - UP DEADLINE

July 2nd

July 9th

July 16th

July 23rd

V: WAIVERS

INFORMED CONSENT/WAIVER/RELEASE OF LIABILITY/AUTHORIZATION:

I, the undersigned, as the parent or legal guardian of the attendee listed on this application agree and understand that participating in any sport is a hazardous activity, I recognize that there are risks inherent in the participation of any sport, including to, paralyzing injuries and death.

The participant will adhere to all rules and policies pertaining to Hargrave Military Academy (HMA).

The attendee hereby agrees to participate in HMA's Summer Sports Camps programs and hereby agrees to indemnify and hold harmless HMA its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the attendee while participating in HMA's Summer Sports Camps. The attendee also agrees to indemnify HMA for any damages incurred arising from any claims, demand, action or cause of action by the attendee. HMA assumes no responsibility for any personal property placed in or about HMA's property.

The parent/guardian assumes all financial responsibility for payment of HMA's Summer Sports Camps, and that it is understood that full payment is required before the posted deadline. Failure to pay for HMA's Summer Sports Camps as stated above, will result in the attendee being removed from the HMA's Summer Sports Camps program. Any check that does not clear and/or returned will have a \$35 fee attached.

The parent/guardian authorizes any representative of HMA to have the attendee treated in any medical emergency during their participation in HMA's Summer Sports Camp program. Further, the attendee and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the attendee.

PHOTOGRAPHS/VIDEO:

I understand that photographs and/or videos are occasionally taken at HMA and that any photograph and/or video taken of me or my child may be used for HMA publicity purposes. If your DO NOT wish for HMA to use photographs and/or video of you or your child for publicity purposes, please initial here. _____

I have read and accept the general and financial policies as stated here. I understand that by signing this authorization, I am entering into an agreement with HMA. I have also read and understood, and I agree with the Informed Consent/Waiver/Release of Liability/Authorization outline above.

SIGNATURE:

Signature:

PRINT NAME (Please print the name of the parent/guardian who is responsible for the attendee named herein)

Date:

VI: PAYMENT

\$60 per camp (\$10 discount for 2nd sibling OR attendee attending a 2nd/3rd/4th sports camp)

ATTENDEE CONFIRMATION:

☐	Attendee is participating in ONE Sports Camp (\$60)
☐	Attendee is participating in TWO Sports Camps (\$110)
☐	Attendee is participating in THREE Sports Camps (\$160)
☐	Attendee is participating in FOUR Sports Camps (\$210)
☐	Attendee is participating in ONE Sports Camp with a sibling (\$110)

PAYMENT TYPE:

☐	Cash
☐	Check (Made payable to "Hargrave Athletics" and list the sport camp in the memo line, e.g. "soccer")
☐	Credit Card (please complete the information below)

CREDIT CARD PAYMENT INFORMATION

----- THE FOLLOWING INFORMATION WILL BE SHREDDED UPON CONFIRMATION OF PAYMENT-----

Type of Credit Card (please circle):	Visa	MasterCard	American Express	Discover
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Card Number:

Name on Card:

Expiration Date:

Security Code:

Residential Address:

(Street)

(City)

(State/Zip)

Billing Address (if different):

Residential Address:

(Street)

(City)

(State/Zip)

Cell Phone Number:

Work Number:

AUTHORIZED SIGNATURE:

Signature:

Date:

SUMMARY SHEET:

This is YOUR COPY. Please remove this sheet and keep it for your reference.

PAYMENT DROP OFF:

Payment can be dropped off in one of the following three ways:

- 1: Hand in at the Business Office (9:00 am - 3:00 pm Monday-Friday)
- 2: Hand in at the Hargrave Pool (3:00 pm - 7:30 pm Monday-Friday or Saturday 8:00 am - 12:00 pm)
- 3: Mail in the fully completed form and address it to "Hargrave Athletics"

CAMP TIMES:

Cub's Camp: Grades (Incoming) 4th - 6th. Open to Boys and Girls. Sports Camps Times: 6:00 pm - 7:30 pm

Tiger's Camp: Grades (Incoming) 7th - 12th. Open to Boys Only. Sports Camps Times: 6:00 pm - 8:00 pm

SUMMER SPORTS CAMPS TIMES/DEADLINES:

SIGN - UP DEADLINE		
Soccer	July 7th - 10th	July 2nd
Football	July 14th - 17th	July 9th
Basketball	July 21st- 24th	July 16th
Wrestling	July 28th - 31st	July 23rd

DROP OFF LOCATION:

All attendees are to be dropped off in front of the Main Building (Davenport Administration Building) between 5:45 and 5:55 pm.

ATTENDEE PICK UP LOCATIONS:

Soccer	Simpson Parade/Soccer Field
Basketball	Walter Davis Gym
Wrestling	Walter Davis Gym
Football	Track

ITEMS TO BRING:

Information will be sent out to the listed email within 48 hours after the listed deadline.

HARGRAVE EMERGENCY CONTACT INFORMATION:

Athletic Director: (434) 441 - 6717 (cell phone)