

Calvary Christian Academy

Sports Registration Form

Student Yearly Registration Fee: \$125

Home School Student Registration Fee: \$200

NAME: _____

Date of Birth (Month/Day/Year): _____ AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE _____

Parent /Guardian Information*****

Father/Guardian Name: _____

E- Mail _____

Home Phone: _____ Work/Cell Phone: _____

Mothers/Guardian Name: _____

E – Mail _____

Home Phone: _____ Work/Cell Phone: _____

Medical Information

Emergency Contact: Name _____

Relationship to Participant: _____

Phone Numbers: *Home* _____ *Cell* _____

Please List Medical Conditions or Allergies _____

Family Doctor: _____ Phone: _____

I do hereby allow my child to participate in any practice, game, or function sanctioned by Calvary Christian Academy. I accept full responsibility for any liability and release Calvary Christian Academy, Its employees, its coaches and volunteers from any financial responsibility due to injury or otherwise. If I cannot be contacted in the event of injury or illness of my child during practice, transportation or a game, I hereby give my permission for the coach or designee to administer first aid or medical attention from a doctor, nurse or emergency center.

Signature of Parent/Guardian: _____ Date: _____

Calvary Christian Academy
Transportation Permission Form

This Permission form is valid from September 1, 2017 to August 31, 2018. If any changes occur, a new permission form should be completed by the parent/Guardian. The original permission form should be kept on file in the school office.

Students Name _____

As a parent and or guardian of the above named student I give my permission for him/her to be transported to and from school, sponsored activities during the period of September 1, 2016 Through August 31, 2017.

Parent/Guardian Name (Please Print) _____

Parents/Guardian Name (Signature) _____

Parents/Guardian Contact Number: _____

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I understand that the transportation vehicle may stop at various eating establishments in the area after or before the academy sanctioned event.

I understand that coaches, staff, teachers, contracted Transportation and other approved individuals may transport students to the academy's sponsored activity.

I do hereby allow my child to participate in any practice, game, or function sanctioned by Calvary Christian Academy. I accept full responsibility for any liability and release Calvary Christian Academy, Its employees, its coaches and volunteers from any financial responsibility due to injury or otherwise. If I cannot be contacted in the event of injury or illness of my child during practice, transportation or a game, I hereby give my permission for the coach or designee to administer first aid or medical attention from a doctor, nurse or emergency center.

Signature of Parent/Guardian: _____

Date: _____