

Calvary Christian Academy

Sports Registration Form

CCA Student Registration Fee: \$150

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 1st, 2020 to August 31, 2021. 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, 2020 through August 31, 2021.

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: _____

Carpool Consent Form

Traditionally students at Campus 2 that have daily practice and home games at a location other than Campus 2 (Campus 1 for soccer practice) have been transported by coaches, parents, teachers or Varsity student athletes with a valid driver's licenses. In an effort to maintain standards and restrictions set at home by you the parent, we are requesting that you fill out this consent form according to your convictions. You do not have to sign all sections of this form, only the ones consistent with your at home policies for transporting your child. You can choose to sign only the adult/teacher/parent section or both student driver and adult driver sections.

Please note that if your student does not drive themselves, and none of the sections of this form are completed, you will be responsible for transportation of your student to practice.

If you have questions or concerns please contact the Shelley Jackson at sjackson@wearecca.com.

I, _____ give permission for _____
(Print Parent First and Last Name) (Print **CHILD** First and Last Name)

to carpool with the **adults** (Coaches or Parents) from Campus 2 and/or Campus 4 to Campus 1 for practice. This would also include the occasional car pool to an away game. Parents will be notified prior to away game car pools.

(Print Name)

(Sign Name)

(Date)

I, _____ give permission for _____
(Print Parent First and Last Name) (Print **CHILD** First and Last Name)

to carpool with the **Student Drivers** from the Campus 2 and/or Campus 4 to Campus 1 for practice.

(Print Name)

(Sign Name)

(Date)

In the case of only allowing your child to drive with a specific or several specific students, please write down the name of that/those student(s) you are allowing your child to ride with.