

Calvary Christian Academy Sports Registration Form

CCA Student Athletic Fee: \$200
Homeschool Student Athletic Fee: \$250
Multiple Sports: \$25 for each additional sport

Student's Name: _____

DOB (Month/Day/Year): _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

*******Parent/Guardian Information*******

Mother/Guardian Name: _____

Best Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Guardian Name: _____

Best Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

*******Medical Information*******

Emergency Contact Name(s): _____

Relationship to Athlete: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Conditions/Allergies: _____

Family Physician: _____ Phone: _____

I do hereby allow my child to participate in any practice, game, or school-sanctioned event. I accept full responsibility for any liability and release Calvary Christian Academy, its employees, coaches, and volunteers from any financial obligation due to injury or otherwise. If I cannot be contacted at the occurrence of the injury, I hereby give my permission for a school employee to administer first aid or seek medical attention from a doctor, nurse, or medical center.

Signature: _____ Date: _____

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Sports Registration Form**

**Calvary Christian Academy
Transportation Permission Form**

This permission form is valid from August 1st, 20_____ to August 31, 20_____. If any changes occur, the legal parent/guardian should complete a new permission form. The original permission form will be kept on file in the school office.

As the parent/guardian of _____, I give my permission for him/her to be transported to and from school-sanctioned activities during the time mentioned above. The vehicle may stop at various eating establishments during the sanctioned event. I know that coaches, staff, teachers, contracted drivers, and other school-approved individuals may transport my child to school-sanctioned sporting events.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Carpool Consent Form

I hereby consent that my child be transported by bus a school-approved parent, and a Calvary Christian Academy employee with a valid driver's license from Campus 2 or 4 to an off-site practice location. My licensed student driver may transport their sibling to the designated practice location. I understand that an unrelated student driver may not transport my child.

I give, _____, my permission to carpool with a designated school employee or sibling to an off-site practice location.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____