



Student's Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Father's Work: _____ Mother's Work: _____

*Emergency Contact: _____ Phone: _____

*(If a parent/guardian CANNOT be reached.)

Allergies: No Yes, please specify: _____

Diabetic: No Yes, please specify: _____

Asthma: No Yes, please specify: _____

Convulsive Disorder: No Yes, please specify: _____

Tetanus Shot: No Yes, date received: _____

Other medical conditions that LCA should be made aware: _____

Student's Physician: _____ Phone: _____

Prescribed Medications: No Yes, please specify: _____

Exercise Restrictions: No Yes, please specify: _____

Insurance Company: _____

Policy Holder's Name: _____

Group Number: _____ Policy Number: _____

I/we agree to hold **Legacy Christian Academy** and its agents harmless of any liability resulting from injuries sustained during any sports activity, school function, or loss of property. I/we give consent for my student to receive medical treatment when deemed necessary by the Athletic Director or **LCA** Personnel.

I/we agree to support **Legacy Christian Academy's Athletic & Boosters Program**. I/we will volunteer to work at the admissions gate and concession stand throughout the season(s) my student(s) participates. If I/we are unable to work the date assigned, it is our responsibility to trade with another parent/guardian. I/we know that this is vital to our program helping to cover the costs of equipment, uniforms, officials, etc.

Parent/Guardian's Signature: _____ Date: _____

Email: _____

Parent/Guardian's Signature: _____ Date: _____

Email: _____

Legacy Christian Academy – Tentative Sports Schedule 2015-2016

\$75 per Sport (Please ✓ Appropriate Boxes – One Form per Athlete)

Name of Athlete: _____ Grade: _____ Age: _____

- Fall Sports:**
- | | |
|--|---|
| <input type="checkbox"/> Girls Varsity Volleyball
<input type="checkbox"/> Girls Middle School Volleyball | <input type="checkbox"/> Boys Varsity Soccer
<input type="checkbox"/> Boys Middle School Soccer

<input type="checkbox"/> Golf |
|--|---|

-
- Winter Sports:**
- | | |
|---|---|
| <input type="checkbox"/> Girls Varsity Basketball
<input type="checkbox"/> Girls Middle School Basketball

<input type="checkbox"/> Girls Elementary Cheerleading
<input type="checkbox"/> Girls Varsity Cheerleading | <input type="checkbox"/> Boys Varsity Basketball
<input type="checkbox"/> Boys JV Basketball
<input type="checkbox"/> Boys Middle School Basketball

<input type="checkbox"/> Cross Country |
|---|---|

-
- Spring Sports:**
- | | |
|--|---|
| <input type="checkbox"/> Girls Varsity Soccer
<input type="checkbox"/> Girls Middle School Soccer | <input type="checkbox"/> Boys Varsity Baseball
<input type="checkbox"/> Boys Middle School Flag Football |
|--|---|

<i>Athletic Office Use Only:</i>	<i>Amount</i>	<i>Date</i>	<i>Received By</i>	<i>Method of Payment</i>
Girls Varsity Volleyball				
Girls Middle School Volleyball				
Boys Varsity Soccer				
Boys Middle School Soccer				
Golf				
Girls Varsity Basketball				
Girls Middle School Basketball				
Boys Varsity Basketball				
Boys JV Basketball				
Boys Middle School Basketball				
Cross Country				
Girls Elementary Cheering				
Girls Varsity Cheerleading				
Girls Varsity Soccer				
Girls Middle School Soccer				
Boys Varsity Baseball				
Boys Flag Football				