

LCA - Athletic Health Form 2017- 2018

Athlete's Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Athlete's Cell/Provider: _____/_____

Father's Name: _____ Father's Cell/Provider: _____/_____

Mother's Name: _____ Mother's Cell/Provider: _____/_____

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: Last 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.

Print Parent/Guardian's Name: _____ Signature: **x** _____

Date: _____ Email: _____

Print Parent/Guardian's Name: _____ Signature: **x** _____

Date: _____ Email: _____

Legacy Christian Academy – Tentative Sports Schedule 2017 – 2018

\$75 Fee per Sport (Please ✓ Appropriate Boxes – One Form per Athlete)
Annual Physical for All Students is Required
If you are not a student of LCA, an Annual \$50 Registration Fee is also required.

Name of Athlete: _____ Grade: _____ Age: _____

Fall Sports:

- | | |
|---|--|
| <input type="checkbox"/> Girls Varsity Volleyball | <input type="checkbox"/> Boys Varsity Soccer |
| <input type="checkbox"/> Girls Middle School Volleyball | <input type="checkbox"/> Boys Middle School Soccer |
| <input type="checkbox"/> Cross Country | |

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Winter Sports:

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

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Spring Sports:

- | | |
|---|---|
| <input type="checkbox"/> Girls Varsity Soccer | <input type="checkbox"/> Boys Varsity Baseball |
| <input type="checkbox"/> Girls Middle School Soccer | <input type="checkbox"/> Boys Middle School Flag Football |
| <input type="checkbox"/> Golf | |

| <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 | | | | |
| Girls Varsity Basketball | | | | |
| Girls Middle School Basketball | | | | |
| Boys Varsity Basketball | | | | |
| Boys JV Basketball | | | | |
| Boys Middle School Basketball | | | | |
| Girls Elementary Cheering | | | | |
| Girls Varsity Cheerleading | | | | |
| Girls Varsity Soccer | | | | |
| Girls Middle School Soccer | | | | |
| Boys Varsity Baseball | | | | |
| Boys Middle School Flag Football | | | | |
| Golf | | | | |
| Cross Country | | | | |