

**LCA - Athletic Health Form
2018– 2019**

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 2018 – 2019

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

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Winter Sports:

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

<input type="checkbox"/> Girls Varsity Cheerleading |
|--|--|

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Spring Sports:

- | | |
|---|---|
| <input type="checkbox"/> Girls Varsity Soccer
<input type="checkbox"/> Girls Middle School Soccer
<input type="checkbox"/> Golf | <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				
Girls Varsity Basketball				
Girls Middle School Basketball				
Boys Varsity Basketball				
Boys JV Basketball				
Boys Middle School Basketball				
Girls Elementary Cheer				
Girls Varsity Cheer				
Girls Varsity Soccer				
Girls Middle School Soccer				
Boys Varsity Baseball				
Boys Middle School Flag Football				
Golf				
Cross Country				