

ELEMENTARY C.A.L. KIDS (K4 – 6th Grade)**2018-2019 Basketball****REGISTRATION/MEDICAL RELEASE FORM**

Name _____ Grade _____

Address _____ City _____ Zip _____

DOB _____ Age _____ Shirt Size _____

Parent/Guardian Name(s) _____

Cell Phone # _____ Work Phone # _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Volunteer Interest (Check all that apply)

☐ Coach ☐ Assistant Coach ☐ Team Parent ☐ RAA
☐ Game Day Set-up ☐ Admissions ☐ Concession (Rams Athletic Ambassadors)
☐ Clock/Score Keeper ☐ Game Book (volleyball and basketball only)
☐ Game Day Clean-up ☐ Line Judge (volleyball only)

Medical HistoryDo you have any physical limitations? ☐ If yes, list _____Have you had any broken bones? ☐ If yes, list _____Have you had any recent surgery? ☐ If yes, list _____Do you have any allergies? ☐ If yes, list _____

Doctor's Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

I, the parent/guardian of the above mentioned child, hereby give my consent and approval for my child to participate in any and all of the activities of the Christian Athletic League for Elementary Kids. I further understand that all precautions and safety measures will be taken during practice sessions and during the games. I agree to accept full responsibility for all medical expenses incurred by my child while participating in any Legacy Christian Academy athletic activities. I hereby release Legacy Christian Academy, its coaches, teachers, administrators and the league from any and all liability as a result of athletic related injuries.

I, the parent/guardian of the above mentioned child, understand that effective January 1, 2018, students whose financial accounts are over 30 days delinquent will not be permitted to participate in extracurricular activities at the competition level, such as meets or games, until their accounts are current. They will, however, be allowed to participate in practices, rehearsals, and other preparation opportunities. The ability for LCA to maintain its financial stability and to accomplish LCA's Kingdom Education mission is largely dependent on the faithfulness of parents to fulfill their tuition commitments. It is vital to work closely with LCA's Financial Administrator should one's financial account become delinquent.

Signed this _____ day of _____, 2018

Parent/Guardian Signature (_____)
Parent/Guardian Printed Name

Insurance Provider _____ Policy # _____

Please return this form and payment by Friday, December 14th.

For office use only:

Registration Fee: \$35.00 Paid by: ☐ Check (# _____) ☐ Cash ☐ Physical