



Legacy Christian Academy 2025-2026 Athletic Registration Form

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: _____

2025-2026 Athletic Fees

An annual \$25 Registration fee applies for all athletes.

LCA Athletes - \$150 for one (1) sport, \$275 for participation in two or more (2+) sports
Fees will be charged through the student's FACTS account. Please pay online.

Homeschool Athletes - \$200 for one (1) sport, \$375 for participation in two or more (2+) sports. *Fees can be paid by check made payable to LCA or by cash. Must be turned into the coach by the first practice.*

Annual Physical for All Students is Required

Tentative Sports Schedule 2025-2026

Name of Athlete: _____ Grade: _____ Age: _____
(Please ✓ Appropriate Boxes – One Form per Athlete)

Fall Sports:

- ☐ Girls High School Volleyball
- ☐ Co-ed Cross Country
- ☐ Girls Middle School Volleyball
- ☐ Boys High School Soccer*

Winter Sports:

- ☐ Girls High School Basketball
- ☐ Boys Middle School Basketball
- ☐ Girls Middle School Basketball
- ☐ Boys High School Basketball
- ☐ Girls Cheerleading

Spring Sports:

- ☐ Girls Softball
- ☐ Boys High School Baseball*
- ☐ Girls Flag Football
- ☐ Boys Flag Football
- ☐ Girls High School Soccer*

**Some sports may be offered through a partnership with Mountain View Christian Academy and Eukarya Christian Academy.*

Office Use Only:	# Sports:	Amount Due:	Paid Date:
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