



**LCA - Athletic Health Form
2022– 2023**

Athlete's Full Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Athlete's Cell: _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ 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: 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 2022– 2023

\$100 Fee per Sport for LCA Students (Please ✓ Appropriate Boxes – One Form per Athlete)

Annual Physical for All Students is Required

If you are not a student of LCA, Varsity: \$175.00 per Sport, JV: \$125.00 per Sport, and Middle School: \$125.00 per sport, plus 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"/> Girls JV Volleyball | <input type="checkbox"/> Boys Varsity Soccer
<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"/> Girls Middle School Basketball
<input type="checkbox"/> Boys Middle School Basketball
<input type="checkbox"/> Girls Varsity Cheerleading | <input type="checkbox"/> Boys Varsity Basketball
<input type="checkbox"/> Boys JV Basketball
<input type="checkbox"/> Girls JV Basketball |
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Spring Sports:

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

<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 Varsity Cheer				
Girls Varsity Soccer				
Girls Middle School Soccer				
Boys Varsity Baseball				
Boys Middle School Flag Football				
Girls JV Volleyball				
Girls Softball				