

CALVARY CHAPEL ACADEMY

ATHLETIC PARTICIPATION FORM

In order for your student to participate in the competitive athletic program offered at CCA, this form must be completed and returned to the school office no later _____.

There is a **\$50.00** athletic participation fee per student per sport that will be due prior to the beginning of each season.

Student: _____ Date of Birth: _____ Grade: _____

Parent's Name: _____ Home Number: _____

Cell Number: _____ Work Number: _____

Home Address: _____ City, Zip: _____

E-mail Address: _____

Emergency Contact Name and Number: _____

Please circle the sport(s) that your student wishes to participate in during the 2009-2010 school year:

Girls Jr. High Basketball (7th 8th)
Boys Jr. High Basketball (7th 8th)

Girls Instructional (5th 6th)
Boys Instructional (5th 6th)

Girls Volleyball (6th 7th 8th)
Co-Ed Flag Football (5th 6th)

I certify that the above information is correct and agree to abide by the eligibility rules of Calvary Chapel Academy Athletic Program.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____