

LCA - Athletic Health Form 2024 - 2025

Address: City:	Athlete's Full Name:		DOB:
Home Phone:	Address:		
Father's Name:	City:	State:	Zip:
Mother's Name:Mother's Cell/Provider:/ Father's Work:	Home Phone:	Athlete's Cell/Provider:	J
*Emergency Contact:	Father's Name:	Father's Cell/Provider:	
*Emergency Contact: *(If a parent/guardian CANNOT be reached.)* Allergies:	Mother's Name:	Mother's Cell/Provider:	J
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: 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 durit any sports activity, school function, or loss of property. I/we give consent for my student to receive medical treatment who 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 helpit to cover the costs of equipment, uniforms, officials, etc. Print Parent/Guardian's Name: Signature: x Date: Email:	Father's Work:	Mother's Work:	
Student's Physician:	Allergies: No Yes, p Diabetic: No Yes, p Asthma: No Yes, p Convulsive Disorder: Tetanus Shot: Las	olease specify:	
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Date: Email:	• • •		
Print Parent/Guardian's Name: Signature: x	Date: Email: _		
	Print Parent/Guardian's Name:	Signature: x	

Date: _____ Email: _____

Legacy Christian Academy – Tentative Sports Schedule 2024- 2025

\$150 Fee per Sport for LCA Students; \$200 fee per sport for Homeschool Students (Please ✓ Appropriate Boxes – One Form per Athlete)

Annual Physical for All Students is Required

Name of Athlete:				Grade:	Age:
all Sports: Girls Middle School Volleyba Girls JV Volleyball	II		Varsity Volleyb Country (Co-E		
Winter Sports: Boys Middle School Basketball Boys JV Basketball Boys Varsity Basketball Girls Cheerleading		Girls Middle School Basketball Girls JV Basketball Girls Varsity Basketball			
pring Sports: Boys Baseball			International Section 1		
Athletic Office Use Only:	Amount	Date	Received By	Meth	od of Payment
Cross Country (Co-Ed)	55000	Z/GLAY			
Girls Middle School Volleyball					
Girls JV Volleyball					
Girls Varsity Volleyball					
Boys Middle School Basketball		KSS I	STREET, PAR		ALTERNATION PARENTS
Boys JV Basketball				Milk Mary	and the same
Boys Varsity Basketball				ASWED !	
Girls Cheerleading		A 44			
Girls Middle School Basketball			San Paris	A STATE	
Girls JV Basketball			PR ANN	15 W 12 W	
Girls Varsity Basketball		1324			
Boys Baseball		10 V 5 11			
			A TORUS		A Stell Balling
		S-10 10 1		SEATO,	
	San Carlo	C-514 7083	Company of the	COLUMN TO SERVICE SERV	The state of the s