

Trinity Christian Academy

7259 S. Military Trail
Lake Worth, Florida 33463
(561)967-1900
(561)965-4347 Fax

Homeschool Sports Participation Application 2020-2021

Student Legal Name: _____ Name Used: _____

First Middle Last

Birth Date: _____ Age: _____ Sex: _____ Race: _____ Hispanic/Latino (Y/N) _____

Social Security #: _____ Current Grade : _____

Church Affiliation : _____ Student Cell #: _____

Student lives with: Both Parents Mother Only Father Only Guardian Othe

Parental Information

Parent 1: Name _____ Home Phone: _____

Address: _____

Street City State Zip Code

Driver's License #: _____

Employer/Company: _____ Occupation: _____

Work Phone: _____ Cell Phone _____

E-mail Address: _____

Relationship to Student: _____ Lives with Student (Y/N) _____ Responsible for Payment (Y/N) _____

Parent 2: Name: _____ Home Phone: _____

Address: _____

Street City State Zip Code

Driver's License #: _____

Employer/Company: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Relationship to Student: _____ Lives with Student (Y/N) _____ Responsible for Payment (Y/N) _____

Emergency Contacts: (MUST be different names than listed above)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Allergies: _____ EpiPen? _____ Asthma? _____ Learning Challenges (ADD/ADHD): _____
Medications: _____ Physical Limitations: _____ Speech Therapy: _____
Other conditions TCA should be aware of: _____ Glasses/Contacts? _____
Student's Doctor: _____ Phone: _____

Account Information

Name of sport(s) in which your child will be participating: _____

Approximate time you will pick up your child: _____

Person or persons other than yourself who have permission to pick up your child: _____

Parental Statement of Cooperation

My child has permission to participate in athletic activities that are planned as part of any session of the school. I understand the policies of the school as outlined in the student athletic handbook. I pledge my continued cooperation and support of the school, its staff, and these policies understanding that failure to cooperate with said regulations will result in the dismissal of my child. I also give my permission to allow Trinity Christian Academy and Preschool to display any pictures they have taken of my child during school hours or any school-related activity. This includes displaying them at school, using them as part of the school's web site, school's social media, or a part of any documentation the school shall distribute including yearbook. I understand TCA requires all participants to follow TCA dress code guidelines. Falsifying information on this application will result in the student's immediate dismissal or acceptance rescinded. I have received the Homeschool Fee Information and agree to pay the fee(s).

Signature: _____ Print Name: _____

Sworn to and subscribed before me this _____ day of _____ (month), 20____.

by _____ (Signature of notary)
County of Palm Beach, Florida

Personally Known or produced identification: Driver's License: _____ Passport: _____ Other ID: _____