

Tri-City Christian Academy

Athletic Participation Authorization

BASKETBALL

Student _____ D.O.B. ___/___/___ Age ___ Grade _____

Address _____

Parents _____

Address (if different than above) _____

Contact Information: (If any, please designate preferred means of contact)

Telephone Number(s): Home# () _____ Work# () _____ Cell# () _____

*Email _____

**useful for notification purposes - game/practice schedule changes*

Shirt Waist

Clothes Size _____ Uniform # _____

EMERGENCY CONTACT INFORMATION:

<u>Name</u>	<u>Relationship To Student Athlete</u>	<u>Tel. #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician _____ Tel. # () _____

HEALTH RELATED ISSUES/ALLERGIES:

Medications _____

Insurance Company _____ Policy # _____

I hereby authorize my son/daughter, _____, to participate in the 2011-12 Basketball program conducted by Tri-City Christian Academy. If in the course of my child's involvement in the program, (s)he sustains an injury or injuries, I further authorize Tri-City Christian Academy, including all agents acting at its direction, to summon medical services for the treatment of said injury(ies).

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PHYSICAL EXAMINATION:

To ensure your child is compliant with the physical examination requirement, please contact Mrs. Erin Kniphfer, Athletic Department. Tel. #603-692-4737. Email: ekniphfer@tcca-nh.com

PROGRAM FEE SCHEDULE:

- 1st –4th grade...\$45.00 per player
- 5th-6th grade...\$55.00 per Player
- 7th-12th grade...\$100.00 per player

Please issue checks payable to “Tri-City Christian Academy” to the attention of Athletics Dept. Remittance of program fee is expected at the time of registration unless alternative arrangements are made.

Signature of Parent/Legal Guardian hereby asserts his/her acknowledgment and agreement to the participation of his/her child in the specified athletic program, payment of the pertinent fee, and medical treatment authorization.

_____ / ____ / ____

Parent/Legal Custodian Signature

Date

We strongly encourage & welcome assistance from the families represented by our athletes in the preparation and operation of the concession stand. Sharing this responsibility makes it substantially more convenient for those serving & allows us to continue the service at athletic events. Please contact the school's Athletic Committee for additional information.

Payment Tendered: Cash

Check #

Receipt #

THANK YOU FOR YOUR CONTINUED INVOLVEMENT, INTEREST AND SUPPORT OF OUR ATHLETIC PROGRAMS!