



CALVARY CHRISTIAN ACADEMY

“Partnering with Parents to Develop Leaders”

SPORTS INFORMATION AND PERMISSION

Sports **\$75 athletic fee for Soccer and Golf teams**
\$125 athletic fee for all other sports. A \$50 discount will be credited per player per sport for a parent who works at least 2 games in a season (clock, gate, book etc.)

Health insurance for each participant is mandatory.
After school practice times will be posted for scheduled practice days.
Please arrange to have your child(ren) picked up within 10 minutes of practice ending.

Volleyball Each athlete must provide her own kneepads.

The permission slip and health insurance information must be turned in before any student may participate. The athletic fee will be billed to your school account.

Please turn in permission slip and agreement form to the Coach or AD.

CCA Fall Sports Permission Slip

_____ has my permission to participate in the fall sports program at CCA. My child is physically able to participate to the best of my knowledge. This permission slip covers participation in practices and games as well as traveling with the team to away games.

Parent's Signature

Date

Health Insurance Information

Insurance Company _____

Policy Number _____

Insurance Phone Number _____