

Nashua Christian Academy
“Instilling a Passion for God and Compassion for People”
55 Franklin Street, Nashua, NH 03064
603-889-8892

Application for Athletic Involvement (Home Schooled Athletes)

Date of Application: _____ School Year Applying For: _____

Student's Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Gender: M F Grade: _____

Sports of interest: _____

Church Currently Attending: _____

Address: _____

Pastor: _____ Phone: _____

Do you attend regularly? Y N Does the student attend regularly? Y N

Has the student accepted Jesus Christ as his/her personal Lord and Savior? Y N

With whom does the student reside? _____

Are there any custody restrictions? Y N (If so, please provide documentation)

Father: _____

Title: Rev. Dr. Mr.

Address: _____

Mother: _____

Title: Rev. Dr. Mrs. Ms.

Address: _____

Phone: _____ Cell: _____

E-mail: _____

Phone: _____ Cell: _____

E-mail: _____

Employer: _____

Occupation: _____

Address: _____

Employer: _____

Occupation: _____

Address: _____

Phone: _____

Phone: _____

Siblings:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

(Please continue on the other side!)

Non-discrimination Policy: NCA is committed to a policy of non-discrimination on the basis of race, color, gender or nation of origin in the administration of its educational and admissions policies, athletic programs or any other school administered program.

We hereby affirm that all information contained herein is true and accurate to the best of our knowledge. We understand that providing false information, or withholding information, could result in the rejection of this application.

Father's/Guardian's Signature

Mother's/Guardian's Signature

Please note: Submission of the application and Sport fees does not ensure involvement in Nashua Christian Academy's Athletic Program. The Athletic Director will notify you of acceptance or denial after the Administrative committee has reviewed all information.

Expires 7/1/15

**NASHUA CHRISTIAN ACADEMY HEALTH OFFICE
EMERGENCY AND INFORMATION UPDATE FORM
For Athletic Participation**

Athlete's Name _____
Last First M.I.

Date of Birth _____

Athlete's address: _____

List in order of preference, parents, neighbors or nearby relatives who will assume care of your child in case of illness/accident/inability to pick.

1. _____ Phone# _____
2. _____ Phone# _____
3. _____ Phone# _____

Please list any medical conditions or restrictions of which we need to be aware.

Has your child had any of the following?

___asthma ___diabetes ___seizures ___migraines ___hearing impairment
___visual impairment ___cerebral palsy ___headaches

Does your child wear glasses, hearing aides or other appliances? Yes No If Yes, Please list:

Has you child had surgery? Yes No If yes, what type? _____

Is your child taking any medications? Yes _____ No _____

If yes, please List _____

PLEASE NOTE: No prescription medicine may be administered to your child without a written doctor's note, a release form signed by a parent/guardian and on file in the office, and the medication in the original container.

In the event of your absence or unavailability, please list your preferences for the following:

Hospital _____ phone _____

Primary Care Physician _____ phone _____

Dentist _____ phone _____

Orthodontist _____ phone _____

Health Insurance Company: _____

Group# _____ Individual # _____

(Please continue on the other side!)

Note any allergies your child has: Food, Insect, Medication, Other. Describe the reaction they experience. _____

Are there any significant changes or recent events of which we should be aware of?

Please list any dismissal restrictions (ex. Restraining order, divorce, custody):

Parent/Legal Guardian Permission to Release and Exchange Confidential Information:

In order to provide a safe environment and to best meet the needs of your child _____ (name), it may be necessary to exchange health information with other NCA staff and coaches who also care for your child. Only information that is necessary to provide Medical and Educational and Guidance services for your child will be released. This agreement will expire on July 1, 2015.

Consent: _____
Signature of parent/guardian date

Parent/Guardian name (printed) _____

Parent/Legal Guardian Permission for treatment:

As the parent/guardian of _____ (name), I hereby authorize Nashua Christian Academy to obtain medical diagnosis/treatment for my child in my absence. This authorization is given with the understanding that the school will make a reasonable effort to contact me. It is not, however, my desire that an inability to contact me delay such treatment. This agreement will expire on July 1, 2015.

Consent: _____
Signature of parent/guardian date

Parent/Guardian name (printed) _____