



Revised 8/2014

Homeschool Participation Form (Clubs, Sports, or Fieldtrips)

STUDENT INFORMATION

Student's Full Name: _____, _____, _____
Last First Middle

Today's Date ____/____/____ Gender: M F Student will be participating in: _____

Date of Birth: ____/____/____ Age: _____

Home Address: _____, _____, _____, _____
street address city state zip code

Student email address: _____

Are there any allergies or medical issues which would affect the student's participation in the program? Please explain.

FAMILY INFORMATION

Father's Name: _____, _____
last first

Mother's Name: _____, _____

Home Phone (____)-____-____ Parent's Cell Phone (____)-____-____ (mom or dad?)

Preferred email: _____

By signing this form, I confirm that all answers and information are true and accurate and I agree to follow the school's guidelines as written in the Student Handbook (available online) and to abide by all school rules.

Father's signature date

Mother's signature date

Student's signature date

AUTHORIZATIONS

Student Release – list the individuals to whom your child may be released if CCA is unable to contact you. These individuals should be locally available and able to transport students. Any changes to this list must be submitted in writing to CCA with a parent signature. **CCA will require photo identification prior to releasing a student to anyone other than a parent.**

Name _____	Relationship to student _____
Primary Phone _____	Alternate Phone _____
Name _____	Relationship to student _____
Primary Phone _____	Alternate Phone _____

Medical Authorization

By signing below, we hereby authorize Carlisle Christian Academy to administer medications provided by the parent according to the recommended dosage (OTC) or instructed dosage (prescription). In the event of an emergency, if a parent or emergency contact cannot be reached, the undersigned parents or guardians authorize a representative of CCA to consent to any required X-rays, anesthetic, medical, or surgical treatment and hospital care deemed advisable by any licensed physician or surgeon, whether in his/her office or a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary. We have also reviewed the policies in the Student Handbook related to Health Services including section 7.3 titled “Nut/Peanut Allergens.” Please read section 5.2 of the Student Handbook before bringing in your child’s prescriptions. The handbook is available online.

_____	date	_____	date
Father’s signature		Mother’s signature	

Primary Care Physician _____ Phone _____

Travel, Trip, and Activity Permission

By signing below, we give permission for our child to participate in all school activities, including sports and school-sponsored trips away from the school premises. We absolve Carlisle Christian Academy from all liability to us or our child due to any injury resulting from any school activity, event, or trip.

_____	date	_____	date
Father’s signature		Mother’s signature	

Photo and Video Release Form

Throughout the school year, there may be times when CCA staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audiotape/videotape students, or interview students for school-related stories. Those photographs and/or audio/videotaped images or interviews may appear in publications; in video productions; on the Web site; or in the news media.

I hereby give permission to CCA to use my child’s photograph and/or videotaped image for the purposes mentioned above. I understand and agree that CCA may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I also give CCA permission to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

_____	date	_____	date
Father’s signature		Mother’s signature	