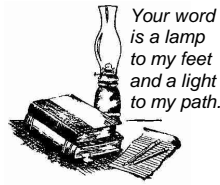


Milford Christian Academy

273 Elm Street, Milford, NH 03055
Phone 603-673-9324, fax 603-672-4539
www.milfordchristianacademy.org
milfordchristianacademy@comcast.net



Member, Association of Christian Schools International

Learning to live for something greater !

MCA Basketball Registration

Name: _____ Age: _____ Grade: _____ Sex: (circle one) M/F

Parent / guardian name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ School: (circle one) MCA / Home School / Other

Prior Basketball Experience: _____

Preferred Position: _____

Health Insurance Information:

Policy Holder's Name: _____ Certificate # _____

Policy Holder's Employer _____

Parent Volunteering:

I will be available to help carpool to away games ___yes ___no

I will be available to help carpool to home games and practices ___yes ___no

Basketball registration fee is \$85 with a family cap of \$125.

Paid cash / ck # _____ Amt _____

Siblings also participating in this sport: _____

ACKNOWLEDGEMENTS

- I/We, _____, acknowledge that I/we am/are the parent/guardian of _____, a minor, who wishes to participate in the MCA basketball program.
- I/We acknowledge that our child has on file with Milford Christian Academy at the start of the basketball program a completed physical form (completed within the last 12 months assuring good physical health)
- I/We acknowledge that my/our child must adhere to all rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.
- I/We acknowledge that my student must maintain a passing grade in each academic class to participate.
- I/We acknowledge and understand the risks and requirements for our child to participate in this school sponsored off-campus activity.
- I/We acknowledge that any and all medical claims will be the responsibility of my personal health insurance carrier before MCA.
- I/We give our consent for our/my child to participate.

Parent Signature _____ **Date** _____

*Children will **NOT** be allowed to participate in this sport activity if this consent agreement is not filled out and registration fees are not paid.