

Milford Christian Academy
273 Elm Street
Milford, NH 03055
(603) 673-9324



Kyn Gdanian ~ School Chaplain
Paul Sontag ~ School Principal
Angela Lehoux~Elementary Dept. Head

Your word is a lamp unto my feet and a light for my path.

Milford Christian Academy Basketball Registration

Name: _____ **Age:** _____ **Grade:** _____ **Sex:** M/F

Address: _____ **Telephone:** _____ **E-Mail:** _____

MCA: _____ **Home School:** _____ **Other:** _____

Prior Basketball Experience: _____

Preferred Position: _____

Health Insurance Information: _____ **Policy Holder's Name:** _____

Certificate # _____ **Policy Holder's Employer** _____

I understand that any/all medical claims will be the responsibility of my personal health insurance carrier, before MCA.

Parent Volunteer's Needed in the area of:

_____ fundraising

_____ Transportation

_____ Statistics

Payment of \$75/100 per family is required.

ACKNOWLEDGEMENT OF FIELD TRIP AND PERMISSION SLIP FORM

I/WE acknowledge _____ am/are the parent/guardian of _____ a minor, who wishes to participate in the MCA Soccer Team.

I/We acknowledge that our child has on file with Milford Christian Academy at the start of the soccer 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 and understand the risks and requirements for our child to participate in this school sponsored off -campus activity. I/We give our consent for our/my child to participate.

Parent's Signature _____ *Children will **NOT** be allowed to participate in this soccer activity if this consent agreement is not filled out, and the office does not have a medical form on file.