



Athletic Homeschool Financial Worksheet

Student Name _____

Parent(s): _____

Below are the SCCA HOMESCHOOL athletic fees. These fees are waived if the family is enrolled in the SCCA HOMESCHOOL DIVISION.

ALL SPORTS.....\$350

BASKETBALL (grades 7-12).....\$150

VOLLEYBALL (7-12).....\$150

BOWLING (high school students only).....\$100

CROSS COUNTRY/5K.....\$100

These fees DO NOT include uniforms and other necessary equipment may be required at the cost of the family.

THE FOLLOWING MUST BE COMPLETED BEFORE PARTICIPATION CAN BEGIN:

- Application/Statement of Cooperation signed and submitted.
- Medical Authorization filled out and submitted.
- All fees paid (check payable to SCCA, credit cards also accepted)
- Proof of Eligibility submitted.
- All student-athletes must be approved by the Administration.

I agree to the following cost and understand that ALL payments are non-refundable. Athletic Fees must be paid prior to first game of the season, unless other arrangements are made with the Administration.

Parent Signature

Date



Athletic Application and Medical Authorization

STUDENT INFORMATION

Name: _____ Gender: ____ Age: ____ Birthday: _____

Address _____ Hm Phone _____

Fathers Name _____ Cell # _____

Mothers Name _____ Cell # _____

MEDICAL INFORMATION

Medications: _____

Allergies: _____

Health Conditions: _____ Treatment: _____

Medical Insurance Company: _____ Policy No: _____

Name of Doctor to be Called: _____ Phone No: _____

Name of Hospital Preferred: _____

LIST TWO PERSONS TO CONTACT IF PARENTS CANNOT BE REACHED

1. Name: _____ Relationship: _____

Contact number(s): _____

2. Name: _____ Relationship: _____

Contact number(s): _____

3. Name: _____ Relationship: _____

Contact number(s): _____

In the event of a serious accident or illness at a school sponsored event (including school transportation to and from the event), the school will contact me at the phone numbers listed. If the school is unable to reach me, I hereby authorized the school to make whatever arrangements are necessary to provide emergency care and treatment for my child. I furthermore agree to be financially responsible for the child's care and treatment. Where emergency treatment is not needed the school will contact me as soon as possible. If I am unable to be reached, the school will contact one of the persons listed above to care for my child until I can be reached.

Parent Signature _____ DATE _____



Application and Statement of Cooperation

<ul style="list-style-type: none">• STUDENT'S LEGAL NAME	<ul style="list-style-type: none">• ENTERING GRADE
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CHURCH INFORMATION

<ul style="list-style-type: none">• CHURCH YOU NOW ATTEND:	<ul style="list-style-type: none">• WHERE IS IT LOCATED?
<ul style="list-style-type: none">• PASTOR'S NAME:	<ul style="list-style-type: none">• PHONE NUMBER:
<ul style="list-style-type: none">• ARE YOU A MEMBER OF THIS CHURCH?	
<ul style="list-style-type: none">• BRIEFLY EXPLAIN HOW OFTEN THE FAMILY ATTENDS SERVICES.	
<ul style="list-style-type: none">• HOW WOULD YOU DESCRIBE YOUR FAMILIES INVOLVEMENT?	
<ul style="list-style-type: none">• WHY ARE YOU INTERESTED IN YOUR CHILD(REN) PARTICIPATING IN ATHLETICS AT SCCA?	

SCHOOL INFORMATION

<ul style="list-style-type: none"> PLEASE DESCRIBE YOUR REASONS FOR HOMESCHOOLING YOUR CHILDREN.
<ul style="list-style-type: none"> NAME OF LAST SCHOOL ATTENDED (IF ANY):
<ul style="list-style-type: none"> HAS THE STUDENT EVER BEEN SUSPENDED OR EXPELLED FROM ANOTHER SCHOOL?

SCCA requires that all student-athletes maintain passing grades in all subjects to be eligible to participate in any extracurricular activity. The following information must be provided as proof of eligibility.

Please describe the Academic Program being used currently to educate your child.
(ie. Abeka, Bob Jones, ACE, Virtual Academy, etc)

You may attach a copy of the most recent report card or fill out this section. Please provide the most recent grade averages. In the cases where grading scales differ, SCCA's grading scale will be used.

SUBJECT	CURRENT GRADE
MATH	
SCIENCE	
LANGUAGE ARTS /ENGLISH/READING	
HISTORY	

SUBJECT	CURRENT GRADE
FOREIGN LANG.	
OTHER:	
OTHER:	
OTHER:	

STATEMENT OF COOPERATION

IN MAKING APPLICATION TO PARTICIPATE IN THE SCCA ATHLETIC PROGRAM I UNDERSTAND THAT:

1. It is my responsibility to pay the fees associated with the sport my child participates in.
2. The administration of the school has the authority to accept or reject applicants at its own discretion.
3. SCCA is a ministry of Sugar Creek Missionary Baptist Church and therefore seeks to exalt Christ in every endeavor. The goal of our athletic program is to develop Christ-like character in young people, and ultimately to exalt Jesus Christ as our Savior and Lord.
4. The coach and administration are hereby given full discretion in the discipline and handling of my child. This would include all aspects of the sport, including practice, games, and travelling to and from events. I understand that undermining their authority will result in immediate dismissal.
5. We are expected to support the standards of the school at all times. Should there be any questions, we will contact the coach or administrator to arrange for a conference. If the problem cannot be remedied, we agree to quietly withdraw our child from the program rather than encourage discord or unrest among other parents.
6. The school reserves the right to dismiss from the program any student or family who is found to be out of harmony with the rules, policies, or spirit of Sugar Creek Christian Academy.
7. I absolve the school and Sugar Creek Missionary Baptist Church of liability to me or my child at school or school activities.
8. We understand that competition can bring out the worst in even the best of people. Therefore, as a family, we pledge to conduct ourselves in self control and a Christian manner at all times and in all situations.
9. My participation and cooperation is necessary for my child to receive the maximum benefit from this experience. I realize this means working fully with my child, coaches, and administration in every way.

I have read the above statements and agree to cooperate with Sugar Creek Christian Academy in the education of my child.

Parent's Signature _____ Date _____

NON-DISCRIMINATORY POLICY

SCCA admits students of any race, color, national, and ethnic origin to all the rights, privileges, and activities generally afforded or made available to students at the school.