

**NEW CREATION CHRISTIAN ACADEMY
SPORTS REGISTRATION FORM**

Please check sports interests:

- | | | | |
|-----------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Shotgun Sports | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other | |

Player's Information Date _____

Name: _____

Birth date: _____ **Age:** _____ **Grade:** _____

T-shirt size _____

Previous School sports participation: _____

Parents / Guardian's Name

Address: _____

Home Phone: _____

Student's Cell Phone: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

(Please check box beside preferred number for Calling Post messages)

Preferred E-mail address (important for receiving information):

Forms to be completed and submitted with application:

- _____ **Completed NCCA Registration Form**
- _____ **Current Sports Physical (OBTAIN FROM PHYSICIAN OF YOUR CHOICE)**
- _____ **Birth Certificate**
- _____ **NCCA Waiver**
- _____ **Medical Release form**
- _____ **Concussion Form**
- _____ **Homeschool Information Form (if applicable)**

Payment Method

- I will pay by cash or check**
- I will pay by credit card through RenWeb**
- MasterCard** **Visa** **Discover Card** **Am.Express**

NCCA admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at NCCA.

Please return completed form to the NCCA Athletic Office.