



The Frankfort Christian Academy
1349A US 421 South
Frankfort, Kentucky 40601
Paul Sims, Athletic Director
(502) 695 – 0744
sims@mytfca.org

Athletic/Parent Participation Requirements

1. I have read and understand the rules, regulations and guidelines set forth in this handbook. I agree to abide by these rules, regulations, and guidelines and I will faithfully support the coaches, athletic director and administration of The Frankfort Christian Academy in both spirit and practice.
2. The rules, regulations, and guidelines also apply to TFCA students participating on any co-op team with other schools.
3. The TFCA athletic participation fee must be paid prior to the student participating in any practice. The fee is \$125 for full-time TFCA students and \$200 for home-school students. The fee is per sport, per student.
4. All students must have a current & completed KHSAA Physical Examination Form on file with the TFCA Athletic Director (Available at FrankfortChristian.org/athletics). An authorized health care provider must complete the Physical Examination form.
5. All students must have an Athletic Release & Waiver Form, Athletic/Parent Acknowledgement and Participation Form, and the Coach-Parent Partnership Form on file with the TFCA Athletic Director (Available at FrankfortChristian.org/athletics).
6. All parents are responsible to work during home games and/or tournaments.

Athletic/Parent Acknowledgement & Participation

Student's Name: _____

Sports my athlete wishes to participate in (Please select):

Fall Sports:

HS Soccer Cross Country Golf Volleyball Archery Dance

Winter Sports:

Elementary B-ball MS B-ball HS B-ball Girls B-ball Cheerleading

Spring Sports:

MS Soccer Golf HS Baseball

I have received a copy of and agree to abide by the Athletic/Parent Participation Requirements.

_____	_____
Student Signature	Date

_____	_____
Father's Signature	Date

_____	_____
Mother's Signature	Date

IMPORTANT: Please read, sign, date, and submit this form to the TFCA Athletic Director. The Athletic Director and Finance Office must receive this, along with the KHSAA Physical Examination form, Release & Waiver form, Athletic/Parent Participation Form, Coach-Parent Partnership Form, and athletic fee prior to your first practice. Without these items, you will not be permitted to practice.

Athletic Release and Waiver

I, _____, understand that sports have an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I intend to be legally bound and do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge all claims which may arise now or in the future which I may accrue against The Frankfort Christian Academy and any of its employees/coaches for any and all injuries suffered by me while attending and participating in sports activities.

In order that I receive the necessary medical treatment in the event of an injury or illness, I hereby authorize The Frankfort Christian Academy to obtain medical treatment for myself for such injury or illness during any event, and I hold The Frankfort Christian Academy harmless in their exercise of authority.

I further certify that I have read and understand the above statements and that the information provided is truthful to the best of my knowledge.

_____	_____	_____
Athlete's Signature	Date	Athlete's Printed Name

Parent/Guardian Acknowledgement Statement (required)

I/We have read the above statement and agree to the conditions of this athletic release and waiver as outlined above. I/We consent to allow our son/daughter to participate in this sport at The Frankfort Christian Academy.

_____	_____
Parent/Guardian Signature	Date

_____	_____	_____
Insurance Carrier	Policy Holder	Policy Number

_____	_____
Parent Emergency Contact	Phone Number

_____	_____
Emergency Contact other than a Parent	Phone Number

Coach-Parent Partnership Acknowledgement Statement (required)

I/We have read the Coach-Parent Partnership and agree to uphold the commitments therein.

_____	_____	_____	_____
Athlete's Signature	Date	Parent/Guardian Signature	Date

Office Use:

Sport(s) Playing: Fall _____ Fee Paid: \$ _____ Date: _____

Sport(s) Playing: Winter _____ Fee Paid: \$ _____ Date: _____

Sport(s) Playing: Spring _____ Fee Paid: \$ _____ Date: _____

Physical Exam Expiration Date: _____