

HOMESCHOOLER SPORTS APPLICATION

Evangel Christian School
14836 Ashdale Avenue
Woodbridge, VA 22193
(703) 670-7127

(Please use black ink when completing this form.)

GENERAL GUIDELINES/INFORMATION

Fee per sport: \$110.00

All attached medical and physical forms must be submitted prior to beginning practice or participating in games.

Student and parent must meet with administration for final approval.

All participants must follow all Evangel Christian School rules.

Date _____

Athlete's Name _____ Age _____
First Middle Last

Home Address _____
Number and Street City State Zip

Sport Participating In _____

FATHER

Name _____ Mr. Dr. Rev Other _____
First Middle Last

Home Address _____
Number and Street City State Zip

Home Telephone _____ E-Mail: _____
Area Code, Number

Marital Status Married Widowed Separated Divorced Remarried Single

Church You Attend _____ Are you a member? Yes No

Church Address _____
Number and Street City State Zip

Church Telephone _____ Pastor _____
Area Code, Number

Have you personally received Jesus Christ as your Savior and Lord? _____ If yes, please explain in detail how and when you received Christ as your Savior and His meaning in your life: (Your application isn't complete without this.) _____

Employer's Name _____ Occupation/Title _____

Telephone _____ E-Mail: _____
Area Code, Number

Business Address _____
Number and Street City State Zip

MOTHER

Name _____ Mrs. Miss Dr. Other _____
First ,Middle Last

Home Address _____
Number and Street City State Zip

Home Telephone _____ E-Mail: _____
Area Code, Number

Marital Status Married Widowed Separated Divorced Remarried Single

Church You Attend _____ Are you a member? Yes No
 Church _____

Church Telephone _____ Pastor _____
Number and Street City State Zip

Have you personally received Jesus Christ as your Savior and Lord? _____ If yes, please explain in detail how and when you received Christ as your personal Savior and His meaning in your life. (Your application is not complete without this.) _____

Employer's Name _____ Occupation/Title _____
 Telephone _____ E-Mail: _____
Area Code, Number

Business Address _____
Number, Street City State Zip Code

Signed:

Father _____ Mother _____

Guardian _____ Guardian _____

Date _____ Date _____

