

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: \$150.00 (Cheerleading \$100.00)

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

MOTHERName _____ ☐ Mrs. ☐ Miss ☐ Dr. ☐ Other _____
First Middle Last

Home Address _____

Number and Street City State ZipHome Telephone _____ E-Mail: _____
Area Code, NumberMarital Status ☐☐ Married ☐☐ Widowed ☐☐ Separated ☐☐ Divorced ☐☐ Remarried ☐☐ SingleChurch You Attend _____ Are you a member? ☐☐ Yes
☐☐ NoChurch _____
Number and Street City State ZipChurch 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 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, NumberBusiness Address _____
Number, Street City State Zip Code**Signed:**

Father _____ Mother _____

Guardian _____ Guardian _____

Date _____ Date _____