

# ADCA Virtual Charter Academy

## Student Athletic Participation Registration Form

2026–2027 School Year

### STUDENT INFORMATION

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Student ID Number (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

#### Parent/Guardian #1

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Parent/Guardian #2

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

## SPORTS SELECTION

Please check all sports the student is interested in participating in:

### FALL SPORTS

- Football
- Volleyball
- Cheerleading
- Cross Country
- Boys Soccer

- Girls Soccer
- Girls Flag Football

## **WINTER SPORTS**

- Boys Basketball
- Girls Basketball
- Wrestling
- Swim Team

## **SPRING SPORTS**

- Track & Field
- Tennis
- Golf
- Baseball
- Softball

## **STUDENT ATHLETIC EXPERIENCE**

Please list previous teams, leagues, or athletic experience:

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## **MEDICAL INFORMATION**

Please list any allergies, injuries, medical conditions, or medications:

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**Primary Physician:** \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

## **INSURANCE INFORMATION**

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## **ATHLETIC ELIGIBILITY AGREEMENT**

I understand that participation in athletics requires students to maintain appropriate academic performance, attendance, discipline, and sportsmanship standards established by ADCA Virtual Charter Academy.

Student athletes are expected to represent the school with integrity, leadership, and respect both on and off the field/court.

## **PARENT/GUARDIAN CONSENT**

I give permission for my child to participate in athletic activities sponsored by ADCA Virtual Charter Academy. I understand that participation in sports may involve physical activity and risk of injury.

I certify that my child is physically able to participate in athletic activities unless otherwise noted by a physician.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## **STUDENT ATHLETE AGREEMENT**

I agree to follow all athletic policies, team rules, and expectations established by ADCA Virtual Charter Academy and coaching staff.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **REQUIRED DOCUMENTS CHECKLIST**

- Current Physical Examination Form
- Insurance Information
- Emergency Medical Information
- Academic Eligibility Verification
- Parent/Guardian Consent Form

## **OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Eligibility Status:

- Approved
- Pending
- Denied

Coach Assignment: \_\_\_\_\_

## **ADCA Virtual/ Charter Academy Athletics**

**“Excellence • Leadership • Discipline • Teamwork”**

Opening 2026–2027 School Year

Atlanta, Georgia North Carolina | Virtual /Academy Division

Athletics Department

Phone: 1-888-805-9954

Website: [www.adcaacademy.org](http://www.adcaacademy.org)