



HICKORY CHRISTIAN ACADEMY

SPORTS FORM

DATE

STUDENT NAME:

DOB:

STREET ADDRESS

CITY / STATE / ZIP

This is to certify that the above named person has been examined, and has been found to have no significant emotional, mental, or physical abnormalities which would preclude participation in any sports activities. This person may participate in all age appropriate sports activities for the **HCA 2010-2011** school year.

Signed _____

Printed Name _____

Practice Name _____

Date _____