

3956 N. M-18  
Gladwin, MI 48624  
skeelschristianschool.com

# Homeschool Sports Enrollment Form

Enrollment Fee is \$200 per student (nonrefundable)

School Year: \_\_\_\_\_



1. Student Name: \_\_\_\_\_  
Last First Middle  
Enrolling Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (7-12 grade only) \_\_\_\_\_  
Date of last Tetanus Vaccine: \_\_\_\_\_ Date of Chicken Pox or Varicella Vaccine: \_\_\_\_\_

**MEDICAL HISTORY / HEALTH CONCERNS** office use only **\*MUST HAVE IMMUNIZATION RECORDS**    yes    no

Please list any medical history, health conditions, or other health concerns our staff should be aware of and any condition that requires special assistance or monitoring. If there are no health concerns, please indicate none.

<input type="checkbox"/>	None	_____
<input type="checkbox"/>	Allergies	_____
<input type="checkbox"/>	Medication	_____
<input type="checkbox"/>	Special Conditions	_____

2. Student Name: \_\_\_\_\_  
Last First Middle  
Enrolling Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (7-12 grade only) \_\_\_\_\_  
Date of last Tetanus Vaccine: \_\_\_\_\_ Date of Chicken Pox or Varicella Vaccine: \_\_\_\_\_

**MEDICAL HISTORY / HEALTH CONCERNS** office use only **\*MUST HAVE IMMUNIZATION RECORDS**    yes    no

Please list any medical history, health conditions, or other health concerns our staff should be aware of and any condition that requires special assistance or monitoring. If there are no health concerns, please indicate none.

<input type="checkbox"/>	None	_____
<input type="checkbox"/>	Allergies	_____
<input type="checkbox"/>	Medication	_____
<input type="checkbox"/>	Special Conditions	_____

FATHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PH# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PH# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

Street \_\_\_\_\_  
City/Zip \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

With Whom do the children reside: \_\_\_\_\_

Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number	
Name of Insurance Carrier		Health Insurance Policy Number	
Name & Phone Numbers of Person to be Notified in an Emergency When Parent's Not Available			
List			
Two (2) 1)		2)	
I give permission to Skeels Christian School / Preschool to secure emergency medical and/or surgical treatment for the above name minor child(ren).		Signature: _____	

NAME(S) AND PHONE NUMBER(S) OF INDIVIDUALS TO CONTACT IF YOUR CHILD IS ILL:

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Church: \_\_\_\_\_

Pastor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**In making this application, I understand that:**

1. We will participate in one required school fundraiser for each sport played or pay \$100 to opt-out
2. We will pay the \$50 sports fee per sport per student.
3. We will participate in any athletic fundraisers that occur during the sports season played
4. We have read the Athletic Handbook and understand the contents.
5. We understand that our child by participating in a sport is a representative of Skeels Christian School and will conduct themselves in a Christ-like manner.
6. I give permission to SCS to secure emergency medical and/or emergency surgical treatment for my child if needed.
7. I understand Skeels Christian School does not carry medical insurance on it's students. Parents are encouraged to consult with their insurance professional to make sure that their child is covered to/from and while at Skeels.
8. I realize my child's photograph may be used in the marketing & promotion of Skeels.
9. I understand per MACS (Michigan Association of Christian Schools) Athletic Rules, in order to be eligible for play-offs, homeschool students enrolled in one class at Skeels Christian School.

Date \_\_\_\_\_ Father's Signature \_\_\_\_\_

Date \_\_\_\_\_ Mother's Signature \_\_\_\_\_

\_\_\_\_\_



*Making Disciples... Making A Difference*





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