

**DOCKERY CHRISTIAN ACADEMY APPLICATION
2020-2021 SCHOOL YEAR**

2020-2021 School Year

DOCKERY CHRISTIAN ACADEMY APPLICATION FORM

STUDENT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Gender: ☐ Female ☐ Male Age: _____ Jacket Size ____ Shirt Size ____

Pants Size ____ Shoe Size ____

School Transferring From: _____

Grade attending for year 2020-2021: _____

Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cell: _____

Parent email: _____

(Include area code with telephone)

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Emergency contact*: _____ Relationship: _____

Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Contact Information

For more information, contact Rev. Rueben Y. Dockery, Headmaster Director at

615-498-4669

Email: bfcmissionss@gmail.com

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REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____

Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **DOCKERY CHRISTIAN ACADEMY**, to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (student's name) _____ is in good mental and physical health condition to participate in the activities provided by **DOCKERY CHRISTIAN ACADEMY**, including but not limited to all aspects of, baseball, basketball or other supervised physical activities. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **DOCKERY CHRISTIAN ACADEMY, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **DOCKERY CHRISTIAN ACADEMY**, including any event sponsored or sanctioned by **DOCKERY CHRISTIAN ACADEMY**, and or travel to and from such activities.

I understand that **DOCKERY CHRISTIAN ACADEMY**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **DOCKERY CHRISTIAN ACADEMY**, or its scheduled program and that **DOCKERY CHRISTIAN ACADEMY**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____