



**2025 – 2026**

**Grades 6 -12**

**Non Traditional Student Athletics Program Application**

We are pleased you have chosen TCA's Athletic Program for your student. To assist you with gathering all of the necessary documents for review and consideration of acceptance, below you will find a checklist of items you will need to complete the application process:

A \$235 fee is required per sport to participate. Payment is due at the time paperwork is submitted. An interview date and time will be provided upon payment and submission of paperwork.

***The following documents need to be completed and submitted along with payment to our admissions office.***

- Application
- Student Information Form
- Parental Release & Support Form
- Emergency Treatment Form
- Final report for prior school year and Current Report Card if after the start of the school year
- EL2 (Physical)
- EL3 (Liability)
- GA4

A non traditional student athlete handbook will be provided at the interview along with additional forms that will be discussed. At least one parent and athlete must be present for the interview. Please feel free to contact Admissions with any questions at (386) 789-4515 x156

**PLEASE NOTE:**

**\*Your student cannot participate in any conditioning, tryouts, or practices until successful completion of this process and written acceptance from our Admissions office.**

**\*\*\$50 of this fee is non-refundable if you withdraw the application once submitted and paid or if a student is not accepted into the program.**



# Trinity Christian Academy

875 Elkcam Boulevard | Deltona, FL 32725 | 386-789-4515

## NON TRADITIONAL STUDENT ATHLETE APPLICATION 2025-2026

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### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Level in August: \_\_\_\_\_  
Ethnicity:  Caucasian  African American  Hispanic  Asian  Pacific Islander  Native American  
Student Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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Has the student previously attended TCA: \_\_\_\_\_ If yes, what grade(s) and year(s)? \_\_\_\_\_

Siblings enrolling in/attending. If so please list names and grades (*John Smith-5<sup>th</sup>, Amy Smith 10<sup>th</sup>*)

\_\_\_\_\_ / \_\_\_\_\_

Has the student ever been arrested or convicted of a crime? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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### EDUCATION

Previous school

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

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

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

My student was homeschooled

Umbrella Online School  Hybrid School  FLVS

If Umbrella or Hybrid, please provide name and the address: \_\_\_\_\_

\_\_\_\_\_

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### CHURCH LIFE

Our family regularly attends church:  Yes  No

Church where your family attends or is a member of: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_ Pastor: \_\_\_\_\_

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

**FAMILY INFORMATION**

Check ALL that apply:  Lives with both Parents  Parents separated  Parents divorced  Shared Custody  
 Father has custody  Mother has custody  Father is deceased  Mother is deceased  Other: \_\_\_\_\_

**Mother**  **Father**  **Legal Guardian**  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address if different from student: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Messages OK?  Yes  No  
 **Employed** Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 **Business Owner** Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

**Mother**  **Father**  **Legal Guardian**  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address if different from student: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Messages OK?  Yes  No  
 **Employed** Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 **Business Owner** Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

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**ATHLETIC INTERESTS/EXTRACURRICULAR**

Football  Golf  Cheer  Volleyball  Soccer  Basketball  Baseball  Softball  Flag Football  Track & Field  
 Fishing  Weight Lifting  Bowling

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**HOW DID YOU HEAR ABOUT OUR SCHOOL?**

TCA Employee  Referred by TCA family  I am TCA graduate \_\_\_\_\_  Referred by an alumni of TCA  I attend Trinity Church  My student previously attended  Sibling currently attends  Banner outside school  Internet search  
 Facebook  Instagram  Bus stop bench  Walk-in  
If referred by someone, please provide name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Trinity Christian Academy - Honor Code Pledge

*GRADES 6-12 - After reading each item, initial it and then sign the honor pledge at the bottom of the page.  
This pledge is signed as part of the initial application and becomes part of your permanent student file.*

Recognizing Jesus as the author and finisher of my faith and the Word of God as the supreme standard for all wisdom and knowledge, I intend to develop myself accordingly, and to seek His kingdom and righteousness at all times (Hebrews 12: 1- 2; James 1: 5-6 ; 1 Peter 1:24). **Student Initials** \_\_\_\_\_

I will try to follow the will of God and to model my life after the life of Christ. I will study the Bible daily, and attend church faithfully. (Matthew 7:7-11; James 1:22; 1 Peter 1:13-16) **Student Initials** \_\_\_\_\_

I will apply myself to my studies so that I can develop my mind to its fullest potential. (Luke 2:52; Philippians 2:5; 1 Corinthians 1:5). **Student Initials** \_\_\_\_\_

I will practice good health habits and regularly participate in wholesome physical activities. (1 Corinthians 3:16-17; Romans 12:1). **Student Initials** \_\_\_\_\_

I pledge to abstain from sexual behavior until I am married. I will not use tobacco, alcohol, inhalants or illegal drugs of any kind. (1 Corinthians 6:9; 13, 18, 19; Galatians 5:16-26). **Student Initials** \_\_\_\_\_

I will look to the Holy Spirit as my helper. I acknowledge Him as the source of knowledge and ask Him to be my teacher. I pledge to develop the gifts and abilities He has given me. (James 5:14-16; Acts 1:8; Acts 3:1-4; 1 John 2:20; 1 Corinthians 12:18-31; Ephesians 4:11-12) **Student Initials** \_\_\_\_\_

I will strive to be a witness and positive influence for Christ. As He leads me, I will be available for Christian Service (Matthew 28:19-21; 10:8; John 15:17; 1 Corinthians 15:58; II Corinthians 5:18; 1 Corinthians 9:22). **Student Initials** \_\_\_\_\_

I will not lie, steal or tolerate those among us who do. I am not only expected to adhere to this policy, but also to promote and encourage my peers in following it. (Psalm 15:1-3; James 1:8; Deuteronomy 5:19, 20) **Student Initials** \_\_\_\_\_

I will submit myself to the leadership of the school and any rules or regulations that may be adopted or changed from time to time. I realize my attendance here at school is a privilege and not a right. I determine to give my best and to prayerfully support the school staff and its philosophy of providing a quality education without compromising the Word of God. (Colossians 3:22; Ephesians 6:5 – 8; Hebrews 13:17) **Student Initials** \_\_\_\_\_

*I realize that this pledge will become part of my permanent file. Failure to follow this Honor Pledge will result in several consequences, some of which may include removal from the classroom, suspension, and/or expulsion. In making this Honor Pledge, I realize that it will take effort on my part to keep this pledge. I certify I have answered the above questions honestly and have not withheld information the school should know about me.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date



## TCA Student Medical Alert & Emergency Care Plan

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medical Information

Please check and/or list any medical conditions your child has:

- Asthma       Diabetes    ( Type I     Type II)       Heart Condition       Bleeding Disorder  
 Epilepsy       Sickle Cell       Other: \_\_\_\_\_

If you checked any of the above:

Are there any limitations on school activities?     yes     no    If yes, explain: \_\_\_\_\_

Does the student take any medications on a regular basis that may be required at school or during school activities?

yes     no    *(If yes, a TCA MEDICATION AUTHORIZATION FORM must be completed.)*

Does the student require any emergency medication such as an Epi-Pen or a rescue inhaler?

yes     no    If yes, please explain: \_\_\_\_\_

### Allergies

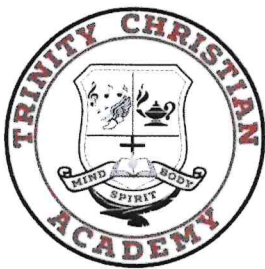
Does the student have any allergies? (ex: food, insects, medication, etc...)     yes     no

Allergies: \_\_\_\_\_  
\_\_\_\_\_       mild     moderate     severe  
\_\_\_\_\_       mild     moderate     severe  
\_\_\_\_\_       mild     moderate     severe  
\_\_\_\_\_       mild     moderate     severe  
\_\_\_\_\_       mild     moderate     severe

Does the student require an Epi-Pen?     yes     no

Signs/Symptoms of allergic reaction: \_\_\_\_\_

***IF YOU ANSWERED YES TO ANY OF THE ABOVE, COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM***



## TCA Student Medical Alert & Emergency Care Plan

Student Name: _____	Grade: _____	Date of Birth: _____
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**Medical Condition Requiring Emergency Care Plan:** \_\_\_\_\_

Possible Emergency Situations:	
If this occurs:	Do this:

<b><u>Emergency Information:</u></b>	
Mother's Cell: _____	Mother's Work: _____
Father's Cell: _____	Father's Work: _____
Emergency Contact Name: _____	Relationship to Student: _____
Emergency Contact Cell: _____	Emergency Contact Work: _____
Preferred Hospital: _____	

### **Authorization for Emergency Medical Care**

I understand that it is my responsibility to notify the school medical professional immediately and update any necessary paperwork if any changes are made to medications and/or doctor's orders for the above stated child. In case of an emergency, I authorize any representative of Trinity Christian Academy to refer to this emergency care plan in regards to treatment of the above stated child. I also authorize any representative of the Trinity Christian Academy to act on the above stated child's behalf and seek emergency medical care as needed.

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

## Parental Release & Support Form

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### **PHOTO RELEASE**

I give my permission for my child's photograph to be taken while he/she is in the care of TCA personnel. Such images may be posted in classrooms, craft projects, presentations or promotional materials, social media, website, or distributed to staff. I understand that I may terminate this permission at any time in the future.

Mother's Initials: \_\_\_\_\_

Father's Initials: \_\_\_\_\_

I do not give my permission for my child's photograph to be taken.

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### **PARENTAL SUPPORT**

The staff desires a harmonious relationship with parents. If parents have a question about a school policy or an event that involves their child, they are to notify their coach or athletic director's office. An effort will be made to resolve any differences and maintain excellent communication between parents and ministry staff. Parental support is an essential part of this process. If, in the sole discretion of the administration, a parent has failed to support the Administrator or ministry staff or the standards articulated in the ministry's Statement of Faith, the administration reserves the right to deny the student continued admission in the school's athletic programs. It is critically important that parents trust and pledge to cooperate with administration in all areas. TCA administration pledges to communicate with parents and follow the guidance in the student handbook. As part of the admissions process, parents must agree to the following pledge:

"We as parents pledge to cooperate with administration at all times. While TCA's doors are always open to parents, we the parents understand that there may be times that we must agree to disagree, and that we will cooperate with decisions of the administration as long as our students are enrolled. We pledge to be honest and forthright in all dealings with TCA and to remit any balances due. We pledge to uphold the school and administration in prayer and together we will do all we can do to make the students' experience a positive, Christ-like experience."

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_