



2026 – 2027
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 \$50 application fee and a \$185 sports fee **are** required for the first sport; subsequent sports only require the sports fee for this school year. Payment is due upon paperwork submission. An interview date and time will be provided once payment and paperwork are received

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 Elkcarn Boulevard | Deltona, FL 32725 | 386-789-4515

STUDENT ATHLETE APPLICATION 2026-2027

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: _____

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-5th, Amy Smith 10th*)

_____/_____

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

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: _____

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: _____

ATHLETIC INTERESTS/EXTRACURRICULAR

☐ Football ☐ Golf ☐ Cheer ☐ Volleyball ☐ Soccer ☐ Basketball ☐ Baseball ☐ Softball ☐ Flag Football ☐ Track & Field

☐ Fishing ☐ Weight Lifting ☐ Bowling

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

Parental Release & Support Form

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.

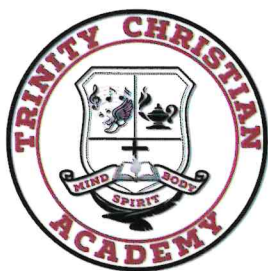
PARENTAL SUPPORT

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: _____



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: _____ _____ _____ _____ _____

Emergency Information:

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 Chirstian Academy to act on the above stated child's behalf and seek emergency medical care as needed.

Parent/Guardian Signature: _____ Date: _____