

Lateral Sports Transfer Springs Baptist Academy



Parents/Guardians,

This form must be completed and submitted to the school office at least four weeks in advance of the first practice of any sport/activity (*For sports/activities starting at the beginning of the school year, please submit by August 1*). You and your student understand that this application may be denied if participation in the activity would constitute a breach in Christian testimony or endanger the SBA's reputation. Furthermore, you agree to abide by the standards for participation in this activity as defined in the student handbook if your application is approved.

Student Name: _____

Desired Activity: _____

Offering School: _____

School District: _____

Point of Contact for the offering school: _____

Point of Contact position: _____

Point of Contact phone/email: _____

Dates and times you will be participating (*please attach a schedule if multiple events are involved, including practices, scrimmages, and games*):

Will you be leaving school early? _____ If YES, at what time(s) of the day?

Parent Signature: _____ Date: _____

Please submit this form to the school office, in person, once this form is completed.