

Date ____/____/____



SPORTS REGISTRATION FORM COMMUNITY CHRISTIAN ACADEMY

School Year _____

*Student Name (Last, First Middle) _____

Grade _____

*Mailing Address (Street, City, State, Zip) _____

*Primary Email Address _____

*Primary Phone Number _____

*Sex _____

*Birth Date _____

*Father/Legal Guardian Name _____

*Father Cell Phone _____

*Mother/Legal Guardian Name _____

*Mother's Cell Phone _____

*Father/Legal Guardian Employer _____

*Father Work Phone _____

*Mother/Legal Guardian Employer _____

*Mother's Work Phone _____

*Father/Legal Guardian Email _____

*Mother/Legal Guardian Email _____

Emergency Contact - Adult to contact if parent cannot be reached.

Name _____

Relationship _____

Phone Number _____

Name _____

Relationship _____

Phone Number _____

Please specify which Athletic activity your student is registering:

Basketball Flag Football Volleyball Soccer

SPORTS FEE

*Fees will not be refunded
after the first practice.*

Per Sport

\$100

PERMISSION WAIVER OF LIABILITY and AUTHORIZATION FOR EMERGENCY CARE

I hereby give my consent for the above named student(s) to participate in the above specified sports program at Community Christian Academy. I also agree to reimburse Community Christian Academy for equipment issued to my child should it become lost. I understand Community Christian academy cannot accept responsibility for personal items lost or stolen.

I authorize the Athletic Director, Coach, or Sponsor in attendance at any CCA sports activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I am not in attendance at such event. I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

*Parent Signature _____

*Date _____