



Chestertown Christian Academy

Athletic Registration Form

Varsity Athletic Fee: \$75

JV Athletic Fee: \$65

Athlete Information

Name: _____

Date Of Birth (Month/Day/Year): _____

Age: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Parent /Guardian Information

Father/Guardian Name: _____

Email: _____

Home Phone: _____

Work/Cell Phone: _____

Mother/Guardian Name: _____

Email: _____

Home Phone: _____

Work/Cell Phone: _____

Medical Information

Emergency Contact: Name _____

Relationship to Participant: _____

Phone Numbers:

Home: _____

Cell: _____

Please List Medical Conditions or Allergies:

Primary Care Physician: _____

Phone Number: _____

CCA Athletic Agreement

I do hereby allow my child to participate in any practice, game, or function sanctioned by Chestertown Christian Academy. I accept full responsibility for any liability and release Chestertown Christian Academy, its employees, its coaches and volunteers from any financial responsibility due to injury or otherwise. If I cannot be contacted in the event of injury or illness of my child during practice, transportation or a game, I hereby give my permission for the coach or designee to administer first aid or medical attention from a doctor, nurse or emergency center.

By signing this form, you and your child have read and agree to the terms and conditions of the athletic forms of Chestertown Christian Academy. You are also verifying that you have read CCA's Athletic Handbook and agree to its terms.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____