



Athletic Team Registration Form

2009 – 2010 Season

Hebrews 12:1-2 "Therefore, since we have so great a cloud of witnesses surrounding us, let us also lay aside every encumbrance and the sin which so easily entangles us, and let us run with endurance the race that is set before us, fixing our eyes on Jesus, the author and perfecter of our faith, who for the joy set before Him endured the cross, despising the shame, and sat down at the right hand of the throne of God."

Last Name _____ First Name _____
Date of Birth _____ Grade in 2009 – 2010 School Year _____ Male _____ Female _____
Parents Names _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact _____ Phone _____
Email (*please print*) _____

Please check the Sport or Sports for which you would like to participate in tryouts:

_____ Soccer _____ Boys Basketball _____ Girls Volleyball

Please read the following and initial each statement, indicating that you understand the commitments required to participate in Athletics at CEC:

_____ I am aware that playing involves travel and weekend games and players are expected to be at all games
_____ I am aware that CEC teams practice 3-4 times weekly and all players are expected to be at all practices
_____ I am aware that making a team is no guarantee of playing time in the games
_____ I am aware that participation on a team will require an additional Athletics Activity Fee
_____ I agree to adhere to the CEC policy on Athletic Team participation

I, the parent/guardian of the registrant, a minor, agree that I recognize the possibility of physical injury associated with participation in athletics and in consideration of the Christian Education Consortium (CEC) accepting the registrant to tryout and possibly be on a CEC sports team, I hereby release, discharge and/or otherwise indemnify CEC, and its employees and associated personnel, including owners of fields/courts and facilities used for tryout, practices and games, against any claim by or on the behalf of the registrant as a result of the registrant's participation in said tryouts, practices and games.

As a parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Parent/Guardian Name _____

Parent/Guardian Signature _____ **Date** _____