



2010-2011 ATHLETIC TEAM REGISTRATION FORM

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 2010 – 2011 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 _____