

CCA 2019-2020 Sports Registration and Emergency Form



We anticipate full teams this year, please register your student as soon as possible so we can ensure our programs are staffed sufficiently and have adequate equipment and uniforms. (Depending on number of interested students, Junior Varsity Soccer will be a possibility). **Please Submit by August 12th.**

_____ Girls' JV/ Varsity Soccer _____ Boys' MS Soccer _____ Coed MS Cross Country

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SIZES (Youth XS - Adult XXL)

Student Shirt Size _____ Student Shorts Size _____

Looking Ahead: Some steps have been taken to possibly add a Crew Team (Spring Sport). Does your child have any interest in participating in rowing for the Spring 2020 Season: (**Grades 9-12 ONLY - Please Circle**) Yes No

Student Name: _____ Grade: _____

Parent Email(s): _____

Home Phone: _____ Student Cell: _____

Mom Cell: _____ Mom Work: _____

Dad Cell: _____ Dad Work: _____

I have read the attached "Heads UP Concussion; A Fact Sheet for Parents"

Date of Student's Last Physical Examination: _____

CCA Student athletes must pass a physical examination prior to participating in school athletics. A physical exam covers the student for 13 months from the exam date. The student will not be eligible to play athletics at CCA without an updated physical. Please submit the updated copies of physical exams from your physician, as needed, to ensure eligibility.

Confidential Emergency Medical Information

Child's Name: _____

Physician's Name and City: _____ (_____) _____

Dentist's Name and City: _____ (_____) _____

Are there any health problems we should be aware of? _____

Please list any medication your child is taking: _____

Please list any allergies your child has: _____

Please list child's concussion history as diagnosed by a medical physician: _____

Health Insurance Provider: _____

Member ID Number: _____

Insurance Company Phone Number: _____

Persons (local), other than parent, to be notified in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

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Medical Consent : In the event that reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of my son/daughter to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I, the parent and /or legal guardian, understand the nature of the above referenced activities and believe the minor to be qualified to participate in such activity. I hereby agree to indemnify and hold harmless Covenant Christian Academy, its volunteers, employees and officers from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to the minor's participation in said activity.

Parent/Guardian Signature: _____