



CLA Athletic Department Registration and Emergency Contact Form

Shaded areas must be completed

Student Information

Student' Athlete Name	Date of Birth	Grade	Sport Participating in
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Contact Information

Parent/Guardian Name(s)		Relationship	
Street Address	City	State	Zip
Home Phone and or Cell Phone – Indicate who cell phone number is for.			
Email Address			

Emergency Contact Information

Emergency Contact (other than parent)	Relationship
Home Phone and or Cell Phone – Indicate who cell phone number is for.	

Important Medical Information

Please explain any special conditions, diseases, or illness that the student may have (Asthma, diabetes, ADD, ADHD, Dyslexia, etc.):	
Please explain any special medication that the student is taking to include inhalers, epi-pens, etc.	
Please explain anything that the student is allergic to:	How many previous concussions has the student had?

If necessary, please provide an extra supply of emergency medication for the coach to hold.

Student Fee Table		
Sport	Grades 7-12	Amount Due After Discount/Family Cap
Softball	\$175.00	
Baseball	\$175.00	
Drama	\$100.00	

Check Payment Method: Cash/Check FACTS (CLA Families only)

- Installment Payments.** By checking this box I am choosing to pay the amount due for this student in two installments with the first installment being at least 50% of the total due for this student and the second to be the remaining balance. If I am paying via cash or check the first installment is due prior to the first day of scheduled practice the second and final installment is due 4 weeks later for fall/spring sports and 6 weeks later for winter sports. If I am paying via FACTS I will be billed twice for this student with the first bill posting in the first month of the season and the second bill 4 weeks later for fall/spring sports and 6 weeks later for winter sports.

The back of this form must also be completed and signed for your child to be eligible to participate in CLA Athletics.

This portion of the form is to be completed and signed by the student participant's parent or guardian for each sport and prior to participation. Please check all items below to indicate that you have read and understand each one:

- Required Forms.** In addition to the CLA Registration Form, and depending on my students grade, we must turn in, or have on file with the Athletic Director, the following documents:
- **MSHSL Sports Qualifying Physical Examination Clearance Form** (grades 7 – 12 only, typically valid for three years).
 - **MSHSL Athletic Brochure** (grades 7 – 12 only, needs to be done once for the entire school year).
 - **Annual Sports Health Questionnaire** (grades 7 – 12 only, needs to be done once for the entire school year).
 - **Co-op/Participation Agreement Form.** Families participating as part of a co-op or Participation Agreement must sign a Co-op/Participation Agreement Form (any grade).
- Payment of Fees.** CLA families, unless otherwise notified, can have their FACTS account billed for participation fees due all other families can write one check made payable to: Christian Life Academy Athletic Department for the total participation amount due. Amount due is calculated after any adjustments for family caps or discounts. Unless fees are being paid via installments the entire amount for this student is due before the first day of practice.
- **Refunds.** In most cases, to obtain a full refund the student athlete must cease participating with their team prior to the first game or match, or by the end of the second week of practice (whichever comes first). Families that cease participation after the first game or match, or the end of the second week of practice (whichever comes first) will still be required to pay the full amount.
 - **Discounts.** Discounts will be applied to total fees due for all students participating. Discounts are available to coaches and previously established and specified coordinator positions. Any discount adjustment to the amount due should be entered on the front of this form.
 - **Fee Caps.** The Family Cap is \$650.00 per school year per family. Any family cap adjustment to the amount due should be entered on the front of this form.
- Volunteer Requirements.** I understand that I will be required to participate in the CLA Athletic Department Volunteer Program. Failure to do so can result in full or partial loss of my volunteer deposit. Any exemption from volunteering must be approved by the Athletic Director.
- Parent/Student Responsibility for Uniforms and Travel Suits.** I understand that my student athlete will be issued a uniform, and in the case of the varsity possibly a travel suit, and that we are responsible for the proper care of the uniform/travel suit. In the event that the uniform or travel suit is lost, stolen, missing, or damaged I will be charged 150% of the replacement cost of the uniform/travel suit component(s).
- Loss of Deposits.** CLA families will have their FACTS account billed for the full or partial loss of a deposit. Families participating via a co-op or participation agreement can write one check made payable to: Christian Life Academy Athletic Department for \$200.00; this one check covers both the volunteer and uniform deposit; a check from the previous sports season in the same school year can be used; checks will be destroyed following the sports year.
- Parent/Guardian Behavior.** As a parent /guardian I agree to cooperate and abide by all code of conduct and behavior expectations of the MSHSL, the Twin Cities Athletic Conference, Christian Life Academy (CLA), CLA Athletic Department, and their team.
- Student Behavior.** Participation in High School athletics is a privilege not a right. My child can forfeit that privilege in full or part if they violate any code of conduct and behavior expectations of the MSHSL, the Twin Cities Athletic Conference, Christian Life Academy (CLA), CLA Athletic Department, and their team.
- Academic Requirements.** I understand that CLA has established academic requirements for all CLA student athletes. To remain fully eligible to participate student athletes must have a "C" average with no failing grades, i.e. an "F". To monitor student athlete grades, CLA schedules routine academic checks of which parents/guardians will be notified. Student athletes participating as part of a co-op or participation agreement will need to comply with their own school's academic requirements.
- Athletic Department Parent Student Handbook.** I acknowledge that additional information on the items mentioned above in addition to information for items not mentioned above is provided in the CLA Athletic Department Parent Student Handbook and that I am responsible for all of the information contained therein and for the information provided at the parent student sports meeting. The CLA Athletic Department Parent Student Handbook is available from the CLA website.
- I understand that the coach will act within their scope of practice to care for my son or daughter for any athletic injuries. I understand that in an emergency, the coach will provide immediate care within the scope of their practice. It will be the coach's best judgment to determine whether emergency medical services should be called to give further immediate and emergent care for my son and/or daughter. I also release Christian Life Academy, the Athletic Department of Christian Life Academy, Christian Life Church and any and all of their designates or assigns from any and all financial responsibility resulting from such transportation and treatment and any responsibilities for accidents or injuries sustained while the student is participating in or traveling to any athletic event as part of the Athletic Department of Christian Life Academy.

Signature of Parent or Guardian: _____ **Date:** _____