

CAA
SPORTS REGISTRATION FORM

First Name: _____ **Last Name:** _____

I, _____, grant my child permission to participate in Cassell Elementary School's Sports Program. I understand that I am responsible for my child's transportation to and from scheduled practices and games. If my child is not in school for any reason, goes home sick or is taken out of school for any reason, he/she may not participate in practice and/or games. It is my responsibility to contact the coach if my child will not be at practice or a game. My child is required to wear the proper Cassell uniform and appropriate safety gear (if applicable) issued to him/her at all game days.

I understand that by signing this agreement, I am accepting full responsibility regarding the safety of my child and any type of injury that may occur during the designated practices and/or games to my child or their belongings.

Please note that Cassell Athletic Association (CAA) works in conjunction with Cassell School. All CPS guidelines will be followed in regards to all sports programs.

Please list any medical conditions, allergies or medications that we should be aware of. Administration of any medications is the sole responsibility of the parent or child.

.....
Reminder* All Students Must Maintain a "C" or better to participate in any CAA sports programs.

Sport _____ **Girls Basketball**

Child's Name: _____

Home Address: _____

Phone Number: _____ **Email:** _____

Child's Birthday: _____ **Grade:** _____

Emergency Contact Name: _____ **Number:** _____

Shirt Size (Circle One): Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL
Short Size for Girls Basketball _____

All Fees are non-refundable* *All Fees Must Be Paid in Full* All Forms Must Be Filled Out and Turned into your Coach prior to the First Practice.

I understand, accept, and will follow the CAA Code of Conduct.

Parent/Guardian Signature: _____