

Cassell Athletic Association Volleyball Registration Form

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*PAID: YES / NO

AMOUNT: \$ _____

*CASH / CHECK

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****PARENTS**** Please read the CAA BYLAWS in it's entirety before the season begins. It can be found at
<https://cassell.cps.edu/athletics.html>

Players are expected to demonstrate exceptional behavior at games and practices.

Cooperation at practice will determine playing time at games

****Depending on how many players register, there may be optional tryouts for separate A/B level teams in 6th – 8th grades.**

This decision will be communicated before payment is due.

Please check this box if your child would be interested in try outs for an A Level Team

Athlete's Full Name: _____

Parent/ Guardian Name(s): _____

Full Address: _____

Cell #: _____ Home #: _____

Email: _____ Date of Birth: ___/___/___

FEES BASED ON A MINIMUM OF 8 PLAYERS: ****Fees are non-refundable**

Fee (League Fees): _____ Fees (League Fees, Tournament & Practice Time): _____

3RD-- \$60

4TH- 8TH-- \$160

Circle each appropriate answer below:

Sex: M / F Grade: 3 / 4 / 5 / 6 / 7 / 8

Emergency Contact Name: _____

Phone #: _____ Email: _____

Circle one of the following if interested in volunteering:

Coach / Assistant Coach / School Athletic Board

Please list any allergies / medical conditions:

Health Insurance:

Any athlete participating in the Cassell Athletic Association sports program(s) MUST carry an adequate health / accident policy. Please initial to indicate proof of insurance: _____

Note: This form, along with all the participation fees must be returned to the Cassell Athletic Board on the designated registration night.

Parent/ Guardian Signature: _____

CASELL ATHLETIC ASSOCIATION VOLLEYBALL UNIFORM ORDER FORM

NAME: _____

GRADE: 3RD / 4th / 5th / 6th / 7th / 8th /

UNIFORM FEES: MUST BE PAID IN FULL

Jersey \$30 Shorts \$10

JERSEYS & SHORTS ARE AVAILABLE IN THE FOLLOWING SIZES:

PLEASE CIRCLE BELOW:

YOUTH MEDIUM ADULT MEDIUM

YOUTH MEDIUM ADULT LARGE

YOUTH LARGE ADULT X-LARGE

ADULT SMALL ADULT XX-LARGE

PREFERRED UNIFORM NUMBER: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Note: Preferred uniform numbers will be given on a returning player basis. We will make every attempt to give you one of your choices.

PARENT SIGNATURE: _____

CASSELL ATHLETIC ASSOCIATION PHYSICAL HEALTH RELEASE

Dear Parent(s) / Guardian(s),

It is highly recommended that a physician examine all children in the Cassell Athletic Association sports programs before participating in the season(s).

Please read the following, fill out the form completely, and return it with your signature and initials to your child's coach.

Release Form

To Whom It May Concern,

After being examined by a physician, my child was found to be physically fit to participate in the Cassell Athletic Association sports program(s). I hereby give my consent for his / her participation without any restriction. I also agree that if an injury or bodily harm becomes my child, whether in practice, traveling to or from a regularly scheduled game, or otherwise, I will not hold Chicago Public Schools, Cassell School, Chicago Park District, Mt. Greenwood Park, Worth Township, Marist High School, Palos Courts, Parkwood Baptist Church, any of the Cassell Athletic Association board, or the coaches of the team, responsible for such injury or bodily harm.

By my signature below as parent or guardian, I, nor anyone of my family, heirs, executors, or administrators of my estate, will hold any of the aforementioned above, responsible for any accident or injury incurred as mentioned herein. In all, I assume all risks and expenses, which may incur in the way of bodily harm to my child.

Please be advised that _____ has permission to participate in Cassell Athletic Association sports program(s). I have read the above release form and am in full agreement. I have also read and agree to the Rules and Regulations Form.

Parent Guardian Signature: _____

Date: _____

E-mail Address: _____