

CCAA League Registration

P.O. Box 37758

Raleigh, NC 27627

Ph: 919-233-0871

Raleigh Titans

Football Parent/Player Registration Form

Player must be 13 by Aug 1st or 18 yrs of age on Aug 1st

Player's Name: _____ Age: _____ DOB: _____

Height: _____ Weight: _____ Expected Graduation Date: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Phone: (____) ____ - ____ Work: (____) ____ - ____

City: _____ State: _____ Zip Code: _____

Parent E-mail Address: _____

(E-mail is the MAIN form of communication, please be sure you record the address you frequently use the most)

School: Home/Private (circle one) School Name: _____ Phone #: _____

Emergency Contact: _____

Emergency Number: _____

Insurance Provider: _____ Policy #: _____

Fee: Postmarked **Jan 25, 2007 – June 14, 2008:** \$ 285
Postmarked **June 15, 2008 – July 30, 2008:** \$ 310
After **July 31, 2008:** \$ 335

Multiple player discounts. Receive \$20.00 off the 2nd player

*** Player may not participate until ALL fees are paid and ALL the registration paperwork is completed.**

Paid Y/N Date: _____ Received By: _____ JV/Varsity _____

Cash or Check (circle one) Check # _____ Dollar Amount: _____

Donation: _____ How did you hear about the CCAA? _____

* At least one parent from each family is expected to volunteer to assist the CCAA by choosing a job from the "Parents' Opportunities to Volunteer" List.

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Liability Release

I hereby waive and absolve the CCAA Football League and all persons, affiliated with or working with, or for the league, thereof, of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during the participation in camps, clinics, private coaching, weightlifting, and or any other activity related activity by my child.

In consideration of my signed release allowing my child to participate in a CCAA Football League activity, I, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against the CCAA Football League, directors, coaches, representatives, volunteers and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or arising out of travel to and/or from respective activities. In the event of injury / accident / sickness, the CCAA Football League directors and/or coaches are to contact the designated adult listed at the end of the registration forms.

Insurance Agreement

I, the undersigned, certify that I understand that I cannot file for reimbursement of medical expenses on behalf of my child or ward under League provided insurance until after I have paid the deductible amount, and my personal insurance and/or any other institutional insurance has first been paid whatever insurance amounts are appropriately due under these policies.

Agreement Concerning Non-Refundability of Fees.

I, the undersigned, as the parent or guardian of a registered CCAA League participant, hereby agree that all registration and other fees I have paid to the CCAA League are not subject to refund or return.

Fee Structure

Postmarked Jan 25 2008– June 14, 2008: \$ 285

Postmarked June 15, 2008 – July 30, 2008: \$ 310

After July 31, 2008: \$ 335

*** Player may not participate until all fees are paid and the registration paperwork is completed**

Parent initial they have read the page & understand _____

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Sport Pre-Participation History and Physical Examination

Patient: _____ Birth date: _____

History

Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Yes	No	Don't Know	Questions
			1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother or sister) died suddenly before age 50?
			2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			3. Has the athlete ever been told he/she has a heart murmur or heart problem?
			4. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			5. Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			6. Does the athlete have a history of concussion (getting knocked out)?
			7. Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			8. Does the athlete have anything he/she wants to talk to the doctor about?
			9. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			10. Does the athlete take any medicine?
			11. Is the athlete allergic to any medications or bee stings?
			12. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
			13. Does the athlete wear contacts or eyeglasses?
			14. Date of last tetanus booster:
Please elaborate on any "Yes" answers:			
I have answered and reviewed the questions above and give permission for my child to participate in full contact football			
Parent/Guardian Name: _____ Date: _____			
Parent/Guardian Signature: _____			

Physical Examination

1.	BP:	Pulse:	Wt:	Ht:	Vision – R:	L:
2.	Organ/System:	Normal	Abnormal	Record laxity, weakness, instability, decreased ROM if abnormal.		
	Cardiovascular					
	Eyes/Pupils					
	Neck					
	Shoulders					
	Knees					
	Ankles					
	Feet					
	Scoliosis/Spine					
	Other orthopedic problems					
	ENT					
	Lungs					
	Abdomen					
	Neurological					
	Skin					
	Genitalia					

Recommendations: _____ Unlimited _____ Deferred to personal physician

I certify that I have examined the above athlete and such examinations revealed no conditions that would prevent this athlete's participation in sports.

Physician's Name _____ Physician's Signature _____ Date: _____

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Telephone: _____

Address: _____

Consent For Treatment and Grant of In Loco Parentis Status

Participant Name: _____ Parent or Guardian Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone: _____

Any medical condition an attending physician or EMT should know about in rendering First Aid or Emergency Treatment (list)

List of Allergies:

Required Medication(s): _____ Blood Type: _____

Insurance Provider: _____ Policy number: _____

Parent or Guardian Name: _____ Emergency Phone: _____

Date: _____ Parent or Guardian Signature: _____

NOTE: Parents will be notified in case of serious injury or illness as quickly as they can be reached, but this form will make immediate treatment possible.

Agreement to League Procedures, Policies and By-Laws for Investigation of Complaints and Allegations.

I, the undersigned, as a participant, parent or guardian, agree without any purpose of evasion or mental reservation to fully support and abide by the League's complaint and allegation investigation policies and procedures. I understand that failure to honor this pledge constitutes grounds for disciplinary actions by the League up to and including fines, lesser disciplinary actions, removal from leadership positions or dismissal from the League.

Parent or Guardian Signature: _____

Participant Signature: _____

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Agreement to Exposure of Parents/Guardians and Participants to Disciplinary Sanctions for Violations of League Constitution, By-Laws, Procedures and Policies.

I, the undersigned, agree to the following terms of participation and attendance at CCAA League events as a participant, parent or guardian and/or spectator without any purpose of evasion or mental reservation:

I certify that I will submit myself to any disciplinary actions and/or sanctions properly imposed by appropriate League authority for any infractions of the League's constitution, by-laws, policies and procedures. I understand that I have the option of resigning my League membership and any leadership positions in lieu of accepting any disciplinary actions and/or sanctions properly imposed by appropriate League authority for any infractions of the League's constitution, by-laws, policies and procedures.

Agreement to League Collection and Safeguarding of Personal Data on Participants and Parents or Guardians.

I, the undersigned, agree to willingly participate in League sponsored information gathering efforts to further the mission of the League, aid in the free flow of information in the public domain as well as the exchange information with other organizations having similar missions and academic institutions conducting research that may be helpful to the League with the provision the League take reasonable precautions to avoid releasing my personal identification data without my expressed written permission.

Parent initial they have read the page and understand _____

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Participants' Code of Conduct

1. I understand and agree that my education is my first and foremost responsibility and that I must maintain a Grade Point Average that meets the expectations of my school, my family and myself.
2. I will play any position assigned to me and will do my very best for my team at all times.
3. I will play the game hard and cleanly at all times, in a true sportsmanship like manner with never any intent to harm any opposing player.
4. I will participate in a moment of prayer before practices and games with my coaches and teammates.
5. I will treat my coaches, team mates, parents, teachers, guardians and any other individual I may come in contact with respect at all times on or off of the playing field.
6. I will do what ever my coaches ask me to do to the best of my ability at all times.
7. I will refrain from the use of drugs, alcohol and tobacco on or off of the playing field and understand that any violation of this agreement can and will result in suspension from the CCAA League.
8. I understand that a team sport requires my attendance at all practices, games and social gatherings. I will make the commitment to my coach and teammates to be in attendance and to notify my coach if, for any reason, I am unable to attend any scheduled event.
9. I will not in any way damage, or deface property, buildings or equipment.
10. I will abide by the decisions of the game officials and will not create any un-sportsmanlike behavior or gestures.
11. I will act as a gentleman (or lady as appropriate) at all times and refrain from any foul or questionable language.
12. I will inform my coach of any injuries I may sustain on or off of the football field.

Participant Name: _____

Participant Signature: _____

Agreement Concerning Exposure to, and Requirement for, Adherence to Christian Behavior and Principles at Practices and Competitions by Participants

I, the undersigned, agree to the following terms of participation and attendance at CCAA League events as a participant, parent or guardian and/or spectator without any purpose of evasion or mental reservation: I certify that I will, to the best of my ability, conduct myself in accordance with the behavior expectations established in the League's constitution, by-laws, policies and procedures and the League code of conduct to which I have ascribed.

Participant Signature: _____

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Parent's Code of Conduct

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other sports events.
2. I will model responsible, polite behavior toward coaches, officials, participants, and spectators; good sportsmanship; good citizenship and self-discipline even when provoked, either, personally or on behalf of others.
3. I will place the emotional, physical and spiritual well being of my child ahead of my personal desire to win.
4. I will insist that my child play in a safe and healthy environment.
5. I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Conduct.
6. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
7. I will demand a sports environment for my child that is free from drugs, tobacco, profanity and alcohol. I will refrain from their use at all youth sports events.
8. I will remember the game is for the youths - not the adults.
9. I will do my very best to make youth sports fun for my child.
10. I will ask my child to treat other players, coaches, fans and officials with respect, regardless of race, sex, creed, color or ability.
11. I will inform my child's coach should he or she sustain any potentially serious injuries associated, or not, with his or her participation on the CCAA League.
12. I will volunteer to assist the CCAA in the "Help Wanted" list.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Agreement Concerning Exposure to, and Requirement for, Adherence to Christian Behavior and Principles at Practices and Competitions by Parents or Guardians.

I, the undersigned, agree to the following terms of participation and attendance at CCAA League events as a participant, parent or guardian and/or spectator without any purpose of evasion or mental reservation: I certify that I will, to the best of my ability, conduct myself in accordance with the behavior expectations established in the League's constitution, by-laws, policies and procedures and the League code of conduct to which I have ascribed.

Parent or Guardian Signature: _____

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Agreement Concerning Return of League Issued Equipment

I, the undersigned, as the parent or guardian of a CCAA League participant, hereby **agree to return any and all equipment and / or uniform issued below to my child** or ward by the Carolinas Christian Athletic Association. Upon failure to return said equipment and / or uniform to the league (within 10 days of season end or within 10 days of withdrawing from any CCAA team), we hereby agree **to reimburse the league, in full**, the cost of the replacement of said equipment and / or uniform.

Issue Item	Issued Qty	Size	Identifier #	Returned Qty	Replacement Cost
Helmet w/strap	_____	_____	_____	_____	_____
Shoulder Pads	_____	_____	_____	_____	_____
Girdle	_____	_____	_____	_____	_____
Hip Pads	_____	_____	_____	_____	_____
Thigh Pads	_____	_____	_____	_____	_____
Knee Pads	_____	_____	_____	_____	_____
Tail Pad	_____	_____	_____	_____	_____
Light Game Jersey	_____	_____	_____	_____	_____
Dark Game Jersey	_____	_____	_____	_____	_____
Game Pants	_____	_____	_____	_____	_____
Game Belt	_____	_____	_____	_____	_____
Practice Jersey	_____	_____	_____	_____	_____
Practice Pants	_____	_____	_____	_____	_____
Practice Belt	_____	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____	_____

Date Agreement signed: _____

Parent or Guardian Name: _____ Phone: _____

Parent or Guardian Signature: _____

Participant Name: _____

Participant Signature: _____

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Parents' Opportunities to Volunteer:

The following personnel are needed to make our **league** run efficiently.

Please mark your choices: Make a note if you only want to assist with a position. *Thank you!*

League Positions to be Filled:

- _____ Booster Club President
- _____ Concession Supervisor
- _____ Web-site Manager/Editor
- _____ Game Day Activities Coordinator
- _____ Cheerleading Director
- _____ Equipment Manager
- _____ Fundraising Director
- _____ General Manager

The following personnel are needed to make our **Team** run efficiently.

Please mark your choices: 1st, 2nd, and 3rd.

Dad

Mom

- _____ Game Day Coordinator
- _____ Water Bottles
- _____ Game Day Snacks
- _____ Clock & Scoreboard Operator
- _____ Statistician
- _____ Concession Coordinator
- _____ Clean-up Coordinator
- _____ Opening & Half-time Ceremony Coordinator
- _____ Still Photographer
- _____ Videographer
- _____ Banner Coordinator
- _____ Banquet Coordinator
- _____ EMT Coordinator
- _____ Chain Gang
- _____ Equipment Manger
- _____ Press Release Coordinator
- _____ National Anthem Singer
- _____ Play-by-Play Commentator

If you are interested in helping out on the coaching staff for Football please make a note here and one of the coaches will contact you. _____