



**Cornerstone Christian Academy Athletics Registration Form 2023-2024**

Student Athlete Name: \_\_\_\_\_ Gender: M F

Sport(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does athlete have any allergies, asthma, or any other medical condition that the coach should be aware of? Yes / No If yes, please explain \_\_\_\_\_

**Please initial by each statement:**

\_\_\_\_\_ Current Athletic Physical Attached (must be dated summer 2023)

\_\_\_\_\_ I have read & understand all aspects of the CCA Athletic Handbook/Statement of Faith.

Found online at <https://cornerstoneabingdon.org/athletics-about>

\_\_\_\_\_ I agree to participate in the required CCA athletic fundraiser to off set athletics expenses.

\_\_\_\_\_ \$50 athletic fee per child, per sport (\$200 homeschool participant fee per sport)

I understand that Cornerstone Christian Academy does not offer medical insurance, and I am liable for the costs of any medical services requires as a result of any injury sustained by my child during participation in this program. I also certify by my signature, combined with the signed sports physical, that my child is physically fit to participate in this program. I have read and affirm the CCA Statement of Faith. I have reviewed the online Athletic Handbook and agree to abide by the guidelines. My family will conduct ourselves in a manner consistent with Godly principles and respect CCA's mission and purpose.

\_\_\_\_\_

Signature of Parent(s) or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Athlete

\_\_\_\_\_

Date

**This form must be returned to the athletic director before your child will be allowed to participate in his or her first athletic event of the school year.**

To be completed by CCA staff only.

Fee Payment Received:

\$ \_\_\_\_\_

Date \_\_\_\_\_

Payment Type: \_\_\_\_\_