

Greater Cabarrus Athletic Association ♦ PO Box 6418 ♦ Concord, NC 28027

Player/Parent Registration Agreement

Summer / Fall

GCAA OFFICIAL USE ONLY	
<input type="checkbox"/>	SPORT: _____
<input type="checkbox"/>	PAID \$ _____
<input type="checkbox"/>	CASH _____
<input type="checkbox"/>	CHECK # _____
<input type="checkbox"/>	PAYPAL _____
<input type="checkbox"/>	SCRIP _____
<input type="checkbox"/>	SCHOLARSHIP AMOUNT \$ _____
<input type="checkbox"/>	BIRTH CERTIFICATE
<input type="checkbox"/>	PHYSICAL FORM
<input type="checkbox"/>	OPPORTUNITIES TO VOLUNTEER
<input type="checkbox"/>	GCAA MEMBERSHIP FEES\$ _____
Accepted By: _____	
Date: _____	

Winter

GCAA OFFICIAL USE ONLY	
<input type="checkbox"/>	SPORT: _____
<input type="checkbox"/>	PAID \$ _____
<input type="checkbox"/>	CASH _____
<input type="checkbox"/>	CHECK # _____
<input type="checkbox"/>	PAYPAL _____
<input type="checkbox"/>	SCRIP _____
<input type="checkbox"/>	SCHOLARSHIP AMOUNT \$ _____
<input type="checkbox"/>	BIRTH CERTIFICATE
<input type="checkbox"/>	PHYSICAL FORM
<input type="checkbox"/>	OPPORTUNITIES TO VOLUNTEER
<input type="checkbox"/>	GCAA MEMBERSHIP FEES\$ _____
Accepted By: _____	
Date: _____	

Spring

GCAA OFFICIAL USE ONLY	
<input type="checkbox"/>	SPORT: _____
<input type="checkbox"/>	PAID \$ _____
<input type="checkbox"/>	CASH _____
<input type="checkbox"/>	CHECK # _____
<input type="checkbox"/>	PAYPAL _____
<input type="checkbox"/>	SCRIP _____
<input type="checkbox"/>	SCHOLARSHIP AMOUNT \$ _____
<input type="checkbox"/>	BIRTH CERTIFICATE
<input type="checkbox"/>	PHYSICAL FORM
<input type="checkbox"/>	OPPORTUNITIES TO VOLUNTEER
<input type="checkbox"/>	GCAA MEMBERSHIP FEE \$ _____
Accepted By: _____	
Date: _____	

The Greater Cabarrus Athletic Association "GCAA" is a non-profit organization formed for the purpose of advancing athletic competition for home school students. Please complete registration form in its entirety, and attach all required forms including a copy of athlete's birth certificate. By filling out this form and paying the registration fees, you are agreeing on behalf of your child as well as you personally, to adhere to the terms contained herein as well as all rules and regulations adopted by and utilized on behalf of the GCAA.

Athlete's Name:	Grade:	Age:	Date of Birth:
Father's Name:	Cell #:	Home #:	email:
Mother's Name:	Cell #:	Home #:	email:
Athlete's Address:	City:	State:	Zip:

Athlete's Cell #	Athlete's Email:
Registered Home School Name:	County in Which Home School is Operated:
Chief Administrator:	Church Attend:
Emergency Contact:	Relationship:
Emergency Phone #'s:	
Current medications:	Allergies to medication:

REGISTRATION COSTS:

Each player will be required to pay registration fees as set by each sport/camp. If player fees are not paid in full by the second week of the sport season, the same which is designated by the GCAA, then a \$25 late fee will be added to registration fees. If player camp fees are not paid in full prior to the start of the camp, the player will not be permitted to participate in the athletic camp. Players will not be issued a uniform until registration fees are paid in full.

Note: Registration costs may be subject to change prior to the start of the upcoming season due to unforeseen budget issues.

SECTION II: AGREEMENT CONCERNING NON-REFUNDABILITY OF FEES

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

Initial: _____

SECTION III: LIABILITY RELEASE

(I) (We), the undersigned, hereby waive and absolve the GCAA and all persons, affiliated with or working with, or for the GCAA, thereof, of any liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during the participation in camps, athletic games, clinics, private coaching, weightlifting, and or any related activity by my child. In consideration of my signed release allowing my child to participate in the GCAA 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 GCAA, 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 event of injury/accident/sickness, the GCAA directors and/or coaches are to contact the designated adult listed on the registration form.

Initial: _____

SECTION IV: INSURANCE AGREEMENT

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

MY/OUR PRIMARY INSURANCE PROVIDER IS: _____ **POLICY NUMBER:** _____

INSURANCE PROVIDER PHONE #: _____ **Initial:** _____

I also acknowledge that before my (our) child can participate in such school-sponsored sport(s) this consent must be executed by me (us) and filed with the athletic association, together with the results of a physical examination indicating that my child is physically fit to participate in such school sponsored activities
Initial: _____

SECTION V: AGREEMENT TO COLLECTION AND SAFGUARDING OF PERSONAL DATA ON PARTICIPANTS AND PARENTS/GUARDIANS

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

SECTION VI: PARTICIPANT’S AND PARENT’S CODES OF CONDUCT AND ADHERENCE TO CHRISTIAN BEHAVIOR AT PRACTICES AND COMPETITIONS

(I) (We), the undersigned, agree to the following terms of participation and attendance at GCAA events as a participant, parent, or guardian and/or spectator without any purpose of evasion or mental reservation. (I) (We), the undersigned, certify that (I) (We) will, to the best of our ability, conduct ourselves in accordance with the behavior expectations established in the GCAA’s by-laws, policies and procedures and the GCAA’s Code of Conduct, which are posted on line at www.gcaastallions.org , to which (I) (We) have ascribed.

Prohibited actions specifically include, but are not limited to, the following:

- Inappropriate attire, Appropriate attire must be worn at all times.
- Angry or vulgar language, including swearing and name-calling.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any weapons or devices or objects that maybe used as weapons.
- Using or possessing illegal chemicals or alcohol at any GCAA sponsored event or any event which the athletes of GCAA are participating.
- Any other conduct of any inappropriate, threatening or offensive nature.

Initial: _____

SECTION VII: EMERGENCY TREATMENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, (I) (We) authorize GCAA to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: ___/___/___ **Consent Signature:** _____
Client, Parent, or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Date: ___/___/___ **Signature:** _____
Client, Parent, or Legal Guardian

SECTION VIII: PHOTO RELEASE

I DO I DO NOT

Consent to and authorize the use and reproduction by Greater Cabarrus Athletic Association of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(Parent if under 18)

Now therefore in consideration of the terms and conditions contained herein, as well as in consideration of the dues paid as required herein, the undersigned does hereby agree to the aforementioned terms and conditions. Furthermore, I (we) represent that I (we) have read all of the terms and conditions reflected herein and that I (we) understand and agree to the same.

Parent Signatures: _____ **Date:** _____

_____ **Date:** _____

Player’s Signature: _____ **Date:** _____