

# Carmel Covenant Cats Football - 2017 Registration

Player's Name: \_\_\_\_\_ Grade Fall 2017 \_\_\_\_\_

                        Last                                  First                                  M.I.

Age: \_\_\_\_ DOB: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Mother @ Work (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell (    ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Father @ Work (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell (    ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: (other than above) \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy# \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Please read and initial/sign your concurrence with the attached forms**

\_\_\_\_\_ Parental Code of Conduct (parent reads/signs) \_\_\_\_\_

\_\_\_\_\_ Player Code of Conduct (player reads/signs) \_\_\_\_\_

**Please check that you have included the following items:**

\_\_\_\_\_ This registration form **completely** filled out (including height and weight)

\_\_\_\_\_ Parental Release Form

\_\_\_\_\_ Athletic Participation Form

\_\_\_\_\_ Payment: **Full payment - \$375 up to June 30; \$400 up to Aug. 1; \$425 after Aug. 1; \$50 sibling discounts**

A physical exam must be completed **within a year of August 1, 2017**. Physical forms must be turned in prior to the first official day of practice (**Aug. 1, 2017**). No player will be allowed to begin practice without a current completed physical examination form. There is a form in this packet **OR** forms from your school or physician's office are acceptable.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Anything we should know?

**Questions:** Bill Smith 704-618-6377 [athleticdirector@catsfootball.org](mailto:athleticdirector@catsfootball.org)

**Send Completed Forms and any Check payments made payable to: CARMEL CATS and mail to:**

Bill Smith – 3629 Manor House Drive – Charlotte, NC 28270

# Cats Football 2017

## PARENTAL RELEASE

**Player's Name** \_\_\_\_\_

I, the undersigned parent or legal guardian of the above minor, hereby give my permission for him/her to participate in the Cats Middle School Football Club , hence referred to as "club". I understand that once equipment has been purchased for the participant, the cost of said equipment is not refundable. I submit that all information given in this registration form is true and accurate. I understand that if false information is submitted, my child may not be eligible to participate in the club and registration fee is forfeited.

I realize football is a contact sport where serious injury may occur and I hereby waive, release, and absolve the "club" and all persons, organizations, affiliated with or working with the club from any and all liability and responsibility for injuries, sickness, accidents and /or acts of God incurred during the participation activities of the "club". In consideration of my signed release allowing my child to participate in the "club," I intending to be legally bound, do hereby, with my heirs, and executor, agree to waive, release and hold harmless, the "club", its sponsors, agents, directors, officers or anyone else involved with the "club" from claims, lawsuits, judgments, etc. now or in the future.

I, the undersigned, certify that I understand that I am responsible for all medical expenses on behalf of my child or ward.

**Parent or Legal Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CATS Football 2017 ATHLETIC PARTICIPATION FORM

*Please fill out completely even though some of this information appears on registration form*

**STUDENT** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **DATE** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S

NAMES \_\_\_\_\_ PHONE \_\_\_\_\_ EMERGENCY# \_\_\_\_\_

PARENT'S

NAMES \_\_\_\_\_ PHONE \_\_\_\_\_ EMERGENCY# \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY**(to be completed by parents)

Is there a history of:

- |   |            |                            |
|---|------------|----------------------------|
|   | Circle One | <i>Explain Yes Answers</i> |
| A. Birth defects or missing organs                    | yes no     |                            |
| B. Known past illness greater than 1 week             | yes no     |                            |
| C. Medical conditions currently under treatment       | yes no     |                            |
| D. Fractures, sprains, or other injury                | yes no     |                            |
| E. Any permanent deformities or disabilities          | yes no     |                            |
| F. Allergies (pollen, dust, food, clothes, Meds.)     | yes no     |                            |
| G. Any surgery  | yes no     |                            |
| H. Any sprains or twisted joints                      | yes no     |                            |
| I. Convulsions, seizures, mental disorders            | yes no     |                            |
| J. Loss of consciousness, fainting, knocked out       | yes no     |                            |
| K. Has any family member died suddenly                | yes no     |                            |
| L. Any chest pain or shortness of breath during exerc | yes no     |                            |

I certify that the information on this form is correct, and I/we agree to abide by the eligibility rules and regulations governing athletics of any and all associations to which my school is a member. I/we also give permission for to practice and play in the athletic events listed above. Furthermore, I/we the undersigned do grant to the officials of the above named school permission for the treatment deemed necessary for any condition arising during the participation in these activities, including medical or surgical treatment recommended by a medical doctor or dentist. I understand that every effort will be made to contact me prior to the treatment, but treatment will not be delayed due to the inability to reach me. I understand that the CARMEL CATS FOOTBALL CLUB "Club" does not provide student medical insurance and all medical expenses resulting from participation in the "Club" athletic program are solely my responsibility. I agree to the need for a screening medical examination and certify that the medical history is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

(Parent or Guardian of Student)

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## Parents and player should read together and sign on registration form

### PARENT'S CODE OF CONDUCT

- I will maintain a Christian witness in my attitude, my tongue, and my behavior.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or other sports event.
- I will model responsible, polite behavior towards coaches, officials, participants, and spectators. I will display good sportsmanship, good citizenship, and self-discipline even when provoked, either personally or on behalf of others.
- I will place the emotional, physical, and spiritual well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I expect that my child's coach be trained in the responsibilities of being a youth sports coach and that the coaches conduct themselves in a Christian manner.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will strive to maintain a sports environment for my child that is free from drugs, alcohol, tobacco, and profanity. I will refrain from their use at all youth sports events.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect.
- 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 Cats football program.

### PLAYER'S CODE OF CONDUCT

- I will maintain a Christian witness in my attitude, my tongue, and my behavior.
- I understand and agree that my education is my first and foremost responsibility and that I must maintain a Grade Point Average (GPA) that meets the expectations of my school, my family and me. I will notify my coach of any academic issues that arise.
- I will treat my coaches, teammates, parents, teachers, guardians and other individuals with whom I come in contact with respect at all times on or all the playing field.
- I will abide by the decisions of the game officials and will not create or engage in any unsportsmanlike behavior or gestures.
- I will give my very best effort to what the coaches ask of me and for my teammates.
- I will be willing to play any position assigned to me to the best of my effort.
- I will play the game hard and cleanly at all times, in a true manner of sportsmanship, never with any intent to harm any opposing player.
- I will refrain from the use of drugs, alcohol, tobacco, and profanity on or off the playing field and understand that any violation of this agreement can result in suspension from the team.
- I understand that a team sport requires my attendance at all practices, games and team meetings. I will make the commitment to my coaches and teammates to be in attendance and to notify my coach if, for any reason, I am unable to attend.
- I will not in any way deface property, buildings, or equipment.
- I will act as a gentleman at all times and refrain from any inappropriate language.
- I will inform my coaches of any injuries I may sustain on or off the football field.

**Parent or Legal Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Player Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_