



CORNERSTONE CHRISTIAN ACADEMY ATHLETICS

Athletic Director: Amy Oster
355 N Cross St., Sycamore, IL 60178
Phone: 815. 895.8522 Fax: 815. 895.8717

CCA VERIFICATION
To be completed by CCA
Staff only.
Payment Recd:
\$ _____ Date _____
Physical on file: _____
Volunteer Require Met:
Athlete _____
Parent _____

ROYALS REGISTRATION FORM 2017 -2018

PLEASE PRINT NEATLY

STUDENT INFORMATION:

Student Athlete Name: _____ Sex: M F

Sport(s): _____ Grade: _____ Birthday: _____

PARENT INFORMATION:

Parent(s)/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact (in the event you are unable to be reached)

Name: _____ Phone: _____

Please read and check each box below and sign below. Your signature shows that you have read and understand each of the items listed and are in agreement with CCA's Athletic Policy.

- Current Athletic Physical Attached (must be completed within the past 12 months)
- Payment Attached: High School: \$100 CCA Student / \$125 Home School Student
7th/8th Grade: \$100 CCA Student/\$125 Home School Student
5th/6th Grade: \$75 CCA Student/\$100 Home School Student
Three Sport Fee: \$250 CCA Student/ \$325 Home School Student
- I have read and understand all aspects of the current Athletic Handbook on our school website including requirements for volunteering, concussion policies, eligibility requirements and expectations of athlete & coaching staff behavior.
- I understand that if I fail to meet the requirements for volunteering my account will be charged \$15 per missing hour.

I understand that Cornerstone Christian Academy does not offer medical insurance and I am liable for the costs of any medical services required 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.

Signature of Parent(s) or Guardian

Date

Signature of Athlete

Date