



Sport Registration Form 2009 - 2010

COMPLETED FORM IS REQUIRED FOR EACH SEASON PRIOR TO PARTICIPATION IN ANY PRACTICE OR COMPETITION.

Indicate season for which you are registering:

Fall
 Winter
 Spring

Student's Name:	Gender:	Date of Birth:	Grade Level:
Home Address/ City/ Zip Code:			Home Phone:
Father's Name:	Father's Cell:	Sport:	
Mother's Name	Mother's Cell:	Previous school if transfer student:	
*Primary E-mail:		*Secondary E-mail(Optional):	
<p>*Please provide a primary e-mail address. This is the e-mail address to be used by the school to pass along important team information and updates. If you desire to have information passed to two e-mail addresses, please provide a secondary address.</p>			
<p>STUDENTS MUST NOT BE ENROLLED IN ANY OTHER SECONDARY EDUCATION SCHOOL OTHER THAN CHRISTIAN LIFE ACADEMY. TRANSFER STUDENTS SHOULD REVIEW THE CIF ELEGIBILITY REQUIREMENTS PRIOR TO ENROLLING (SEE HTTP://WWW.CIFEDS.ORG/WELCOME.ASP).</p>			
<p>Acknowledgement:</p> <p>Please read this acknowledgement carefully and be aware that final registration is conditioned upon your (and/or the students, as applicable) acceptance, agreement to, and/or timely execution of additional documents, including but not limited to the following: (i) liability waiver and release; (ii) medical release and transportation consent; (iii) CIF Ethics in Sports Policy; (iv) successful completion of a qualifying medical examination; (v) CIF eligibility documentation; and (vi) such other forms as may be necessary in order to comply with the CIF state, section, conference or league requirements. Failure to fully complete and/or provide and required documentation in a timely manner may result in ineligibility for participation in team practice or competition. As evidenced by my signature below, I hereby give my consent and acknowledge of the foregoing.</p>			
Parent's Signature:			
Parent's Name:		Date:	

Actual level of play and team assignment will be determined by the coaching staff after an appropriate evaluation of skills.

MAIL COMPLETED FORM WITH APPROPRIATE PAYMENT TO THE BELOW ADDRESS PRIOR TO YOUR FIRST TEAM PRACTICE:

CLASP
 613 West Valley Parkway Suite 245
 Escondido, CA 92025

Or via e-mail to:
CLASP@Mycla.org