

CHRISTIAN HOMESCHOOL ATHLETIC ASSOCIATION OF TEXAS

“Where Jesus is Lord and Every Child is a Winner”

THIS 2008-2009 REGISTRATION FORM WILL BE IN THE POSSESSION OF THE COACH/STAFF MEMBER.
IT WILL FACILITATE CONTACTING YOU IN OBTAINING MEDICAL ASSISTANCE IF NECESSARY FOR YOUR CHILD.

In the event my child becomes ill or injured under CHAA's supervision, I/we approve authorities to take the following steps:

1. Contact a parent/guardian of the student and follow his/her instructions.
2. In the event neither parent(s) nor guardian(s) can be reached, contact the physician and follow his/her instructions.

STUDENT NAME: _____ DATE OF BIRTH: _____
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STUDENT NAME: _____ DATE OF BIRTH: _____

PARENTS NAME(S): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: () _____ WORK PHONE: () _____
CELL PHONE: () _____ ALT. PHONE: () _____

EMERGENCY CONTACT: _____ PHONE: () _____
FAMILY PHYSICIAN: _____ PHONE: () _____
HEALTH INSURANCE: _____ ID NUMBER: _____

E-MAIL(S): _____

Has student(s) had an injury to muscle/joints within the past year that has caused missed playing time in athletic events?
YES: _____ NO: _____ Please Explain: _____

STATEMENT OF RELEASE

I/We the undersigned hereby grant the above named student(s) permission to participate in CHAA of TX. sponsored activities. I/We release and hold harmless CHAA of TX. and its staff from all liability for mishap or injury to the student(s) named herein from the time of drop off to the time of pick up. In the event my child/children needs/need medical/surgical services which require my consent before being applied and I/we cannot be reached, I/we hereby authorize, appoint, and empower a CHAA representative to furnish on my/our behalf such written or oral authorization as may be required. It is understood the best possible care will be given to my child(ren).

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

\$20.00 Registration fee (per family) INCLUDES 1 T-Shirt

ADDITIONAL T-shirts \$9.00 each
***** SIBLINGS 50 % OFF *****

My Child/Children Will Be Attending the Following:

Please fill in park location: _____

_____ : Morning Session 9am-12pm @ **\$70.00 / 4 weeks**
_____ : Afternoon Session 1pm-4pm @ **\$70.00 / 4 weeks**
_____ : Full Day Program 9 am-4pm @ **\$90.00 / 4 weeks** (if available)

_____ : I would like to pay EVERY 4 WEEKS
_____ : I would like to make a ONE TIME annual tuition payment (10% discount)
_____ : \$567.00 total annual payment for HALF DAY student
_____ : \$729.00 total annual payment for FULL DAY student

_____ : I would like to make TWO semiannual tuition payments (5% discount)
_____ : \$299.25 payment now and \$299.25 payment later for HALF DAY student
_____ : \$384.75 payment now and \$384.75 payment later for FULL DAY student

Total Registration Cost

Annual Family Registration	<u>20.00</u>
Tuition Fee 1 st Child	_____
Tuition Fee 2 nd Child (50% off)	_____
Tuition Fee 3 rd Child (50% off)	_____
Tuition Fee 4 th Child (50% off)	_____
Tuition Fee 5 th Child (50% off)	_____
Tuition Fee 6 th Child (50% off)	_____
Tuition Fee 7 th Child (50% off)	_____
Additional T-Shirts (\$9 each)	_____
Total	_____

Please make check payable to CHAA Saints

**Coach Steve Schaffer, Texas Regional Director (512) 484-1647
1414 Vaughter Lane, Cedar Park, TX 78613**