



Christian Homeschool Athletic Association of Texas

"Where Jesus is Lord and Every Child is a Winner"

2025-2026 Registration Form

(A new Registration is required annually)

THIS 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.

Park Attending: _____ **Austin Oaks Class on Wednesday CLOSED**

Check Locations Page on the Website: chaasaintstx.com for Opening Day at Your Park

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

PARENTSNAME(S): _____
ADDRESS: _____
CITY: _____ ZIP: _____
MOM CELL: _____ DAD CELL: _____
HM PHONEL: _____ WK PHONE: _____

E-MAIL (Please print clearly) _____

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: _____

Allergy Concerns & Treatment Plan _____

In the event my child becomes ill or injured under SAINTS 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.

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).

****photo release:** The undersigned also authorizes the photographing of children's likeness for all lawful purposes in connection with the specific activities of SAINTS **yes I authorize** _____ **no I do not authorize** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

FAMILY PHYSICIAN: _____ **PHONE:** _____

HEALTH INSURANCE: _____ **ID # :** _____

All Payments are due before or on the first day of the sport block, otherwise you may be subject to a late fee.

Please Note: you are obligated to pay for the full term you have signed up for. Any classes less than the full sport block will be rated at the daily rate, \$35 for one student and \$20 each sibling.

SIBLINGS OVER 40% DISCOUNT

Payment Options Rates	4 Week Discount Sport Block	Half Year (18 Weeks) Price shown includes 5% discount	Single Day, Pay as You Play
9:00am-12:00pm Or 1:00pm-4:00pm	First Student \$120.00 Siblings \$65.00 each	First Student \$513.00 Siblings \$277.00 each	First Student: \$35.00 Siblings \$20.00 each

****All families are required to register and pay the Registration Fee of \$25 per school year per family. ****
T-Shirts are mandatory

Tuition fees:

Tuition 1st Child _____

Sibling _____

Sibling _____

Sibling _____

Additional Sib. _____

_____ I am paying for the semester, 18 weeks, **5% discount**

_____ I am paying per sport block, every 4 weeks.

T-shirt(s) _____

T-shirts \$10.00 Each

Donation _____

if you would like to donate to Scholarships **Zimbabwe**

Family Registration **+25.00**

Total _____

Mail all Correspondence and payments to:

CHAA Saints

PO Box 3953

Cedar Park, TX 78630

Make payments out to CHAA

Contact Information:

Coach Steve Schaffer, Owner/Athletic Director

(512) 484-1647

coachstevechaatx@att.net www.chaasaintstx.com