



Christian Homeschool Athletic Association of Texas
"Where Jesus is Lord and Every Child is a Winner"

2021-2022 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 Church Wednesday Class FULL

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

STUDENT NAME: DATE OF BIRTH:
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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 here in 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, \$25 for one student and \$15 each sibling.

For Thursday Park Child(ren) Attending: AM__ PM__

******Daily Rate is \$25.00 for the first student and \$15.00 for each sibling****
One time guest of another student is \$25.00**

Payment Options Rates	4 Week Discount Sport Block	Half Year (18 Weeks) Price shown includes 5% discount	Full Year (36 Weeks) Price shown includes 10% discount
9:00am-noon Or 1:00pm-4:00pm	First Student \$80.00 Siblings \$40.00 each	First Student \$342.00 Siblings \$171.00 each	First Student: \$648.00 Siblings \$324.00 each

Saints classes' start at all parks the week of August 23rd

****All families are required to register and pay the Registration Fee of \$15 per school year per family. **
T-Shirts are mandatory**

Tuition fees:

Tuition 1st Child _____ I am paying for the full year, 36 Weeks, 10% discount
 Sibling _____ I am paying for the semester, 18 weeks, 5% discount
 Sibling _____ I am paying per sport block, every 4 weeks.
 Sibling _____
 Additional Sib. _____

T-shirt(s) _____ **T-shirts \$10.00 Each**

Donation _____ **if you would like to donate to Scholarships ___ Zimbabwe ___**

Family Registration +15.00

Total _____

Mail all Correspondence and payments to:

**CHAA Saints
1414 Vaughter Lane
Cedar Park, TX 78613**

Make payments out to CHAA

Contact Information:

Coach Steve Schaffer, Owner/Athletic Director
(512) 484-1647

coachstevechaatx@att.net www.chaasaintstx.com