

Chattanooga Home Educators Athletic Association (CSTHEA) Player Registration Form

Please fill out the registration form and accompanying forms in their entirety. (This form is fillable)

LEAGUE AGE REQUIREMENTS AND FEE INFORMATION		
12 and Under (12U) (Developmental)	14 and Under (14U) (Middle School)	18 and Under (18U) (Junior Varsity and Varsity)
Player must be 12 years of age or under by August 1 of the current year	Player must be 14 years of age or under by August 1 of the current year	Player must be 18 years of age or under by August 1 of the current year
COST: \$150	COST: \$150	COST: \$150
<p>PAYMENT INFORMATION: Fees are used to purchases team uniforms, equipment, tournament entry fees, gym rentals insurance, etc. Payments Due By October 1st Checks should be made payable to CSTHEA</p> <p>You must be a member of THEA to participate. Please make sure your membership is current</p>		

PLAYER 1 INFORMATION		League:		
		12U <input type="checkbox"/>	14U <input type="checkbox"/>	18U <input type="checkbox"/>
PLAYER NAME (Last, First MI):			SEX:	
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DATE OF BIRTH (MM/DD/YYYY):	DATE OF LAST PHYSICAL:			

PLAYER 2 INFORMATION		League:		
		12U <input type="checkbox"/>	14U <input type="checkbox"/>	18U <input type="checkbox"/>
PLAYER NAME (Last, First MI)			SEX:	
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DATE OF BIRTH (MM/DD/YYYY):	DATE OF LAST PHYSICAL:			

PARENT/GUARDIAN INFORMATION		
MOTHER/GUARDIAN NAME:	CELL PHONE:	HOME PHONE:
MAILING ADDRESS (Include City, State and Zip):		
EMAIL ADDRESS:		
FATHER/GUARDIAN NAME:	CELL PHONE:	WORK PHONE:
MAILING ADDRESS (if different from above):		
EMAIL ADDRESS:		

CSTHEA Member Commitment

The **CSTHEA** Athletic Program requires commitment to the practices, games, travel and most importantly to the volunteer positions that are required to run a successful program. If you choose for one or more of your children to participate in **CSTHEA** Athletic Program we will expect you to also choose to serve the program in one of the following ways. Working the UTC concession is mandatory. In addition to the UTC concession, please select one other area in which you would like to volunteer:

✓	Work UTC game concession (Mandatory)	Public Relations (write-ups to be circulated to local papers, etc. regarding game results, camps, etc...)	Stats/Scorebook (keep stats or scorebook for coaches at games)
	Equipment Manager	Website (managing, updating information, etc...)	End of Year Celebration
	Fund raising	Photography or videography	Other (write in below):

A board member will call and give you information about serving in the areas you checked.

ACCOMPANYING FORM CERTIFICATION

By checking the boxes below and signing at the bottom of this page you certify that completed (where appropriate) and read and agree to the accompanying documentation

<input type="checkbox"/>	CSTHEA MEDICAL AND EMERGENCY RELEASE FORM (This should be completed, signed and turned in at registration)
<input type="checkbox"/>	CSTHEA CODE OF CONDUCT (Both Player(s) and Parents should read and discuss. By signing below, you are certifying that you have read and agree to abide by the code of conduct) * In Handbook

PARENTAL AGREEMENT

I give permission for my child to participate in the **CSTHEA** Athletic Program. I absolve the **CSTHEA** from liability concerning my child. I agree to uphold and support the high moral standards of the team with my conduct and the conduct of my child. I understand that the **CSTHEA** reserves the right to dismiss any player who fails to uphold the established regulations and discipline or whose financial obligations remain unpaid, and that payments will not be refunded.

MOTHER/LEGAL GUARDIAN SIGNATURE:	DATE SIGNED:
FATHER/LEGAL GUARDIAN SIGNATURE:	DATE SIGNED:

PARTICIPANT(s) Agreement

I have read and agree to follow the Player's code of conduct. I agree to uphold the **CSTHEA** standards of conduct, conversation, and dress both on and off the court. I understand that I must maintain at least a 2.0 or "C" average in order to participate. Furthermore, I promise to comply with the **CSTHEA** Athletic Program educational guidelines (maintain at least a 2.0 or "C" average), eligibility rules, and drug and alcohol policy for as long as I am a participant in the **CSTHEA** Athletic Program.

Player 1 Signature and Date:	Player 2 Signature and Date:
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Patriots Use Only

Total # of Players Participating:	Total Amount Due:	Medical Release Received: YES / NO
Payment Date: Amount: Check / Cash	Payment Date: Amount: Check / Cash:	
Notes:		

Chattanooga Home Educators Athletic Association Emergency and Medical Release Form

PLAYER 1 INFORMATION		
PLAYER NAME (Last, First MI)		SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH (MM/DD/YYYY):	BLOOD TYPE (If Known):	CURRENT TETANUS SHOT: YES <input type="checkbox"/> NO <input type="checkbox"/>
CURRENT MEDICATIONS:		KNOWN ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION:

PLAYER 2 INFORMATION		
PLAYER NAME (Last, First MI)		SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH (MM/DD/YYYY):	BLOOD TYPE (If Known):	CURRENT TETANUS SHOT: YES <input type="checkbox"/> NO <input type="checkbox"/>
CURRENT MEDICATIONS:		KNOWN ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION:

PARENT/GUARDIAN INFORMATION		
MOTHER/FATHER OR GUARDIAN NAME:	CELL PHONE:	HOME PHONE:
MAILING ADDRESS (Include City, State and Zip):		
EMERGENCY CONTACT (in case parent(s)/ legal guardian can't be contacted):	CELL PHONE:	WORK PHONE:

INSURANCE INFORMATION	
MEDICAL INSURANCE COMPANY NAME:	EMPLOYEE NAME:
ADDRESS:	
POLICY GROUP #:	PHONE:
FAMILY PHYSICIAN:	PHONE:

PARENT CERTIFICATION AND AGREEMENT	
<p>The above named student athlete(s) is granted permission to participate in the CSTHEA Athletic Program for the current season. In exchange for the privilege of the player(s) participating in these activities, I waive any legal claim against coaches, board members, other parents or those associated with these athletic activities in the event the player is injured while participating in those activities, travel to and from the same, or any other team activity during this season.</p> <p>I hereby give my consent, in case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic provide the player(s) with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.</p>	
PARENT(S) SIGNATURE:	DATE: