



Calvary Christian School Winter Sports Information 2016/2017

Boys and Girls High School Basketball (9th – 12th)

Boys and Girls Middle School Basketball (6th – 8th)

*Please complete the Registration and Waiver form and return with your NJ State Physical, concussion form and payment by **November 15th**. You can drop it off at the school office anytime.*

Registration Fees

The 2016-17 cost for winter sports is \$125.00 for CCS students and HEG students (**Middle School Only**). Each additional sibling is \$100.00. (For example, a family that has 3 children registering would pay \$125.00 for the first child, \$100.00 for each sibling, for a total of \$325.00) **Please note that there is no registration fee for CCS 12th grade students.**

A **SEPARATE \$25.00** check is required from each athlete (including CCS 12th graders) as a uniform security deposit (which will be returned if uniform is turned in on time). Please read the uniform information section below for more details.

Time Commitment

The time commitment for middle school will be a minimum of 3 to 4 days a week and a minimum 5 days a week for high school. Please carefully consider the time commitment for the upcoming sports.

Uniform Information

All teams will be using CCS team uniforms, which are required to be returned to the coach clean and in good condition at the end of each season. We will have a uniform return meeting for all sports. If uniforms are lost or damaged, a replacement fee of \$75.00 will be incurred. If uniforms are returned late, the \$25.00 security deposit will be kept. **CCS will provide jersey, shorts and shooting shirt. Players must purchase any other items as needed.**

Refund Policy

Full payment is due by **11/15/16**. If an athlete does not make the team, a full refund will be granted. If an athlete decides not to continue in his/her sport before **12/5/16**, **a full refund will be given; after 12/5/16** no refunds will be given.

Physical Forms

Physical forms must be current to participate in winter sports. Please check with Mrs. Durkin to confirm that your physical is still valid. NJ State Physical forms can be downloaded from Sycamore under "Documents" or can be obtained from the School Office. If you have any questions in regards to the physical forms, please contact Mrs. Durkin at 732-479-0732.

HS Tryouts are November 21st, 22nd, 28th

MS Tryouts are December 5th & 6th



2016-17 BASKETBALL ACCIDENT WAIVER AND RELEASE OF LIABILITY

This Accident Waiver and Release of Liability (the "Release") is executed by _____ (the "Participant's Guardian") for the participant whose name is _____ (the "Participant") and whose address is: _____

In consideration for the Participant being permitted to participate in CCS Basketball/Winter Preseason(if applicable) , the undersigned does hereby release, waive, and forever discharge Calvary Chapel of Old Bridge and Calvary Christian School, its controlling persons, successors, affiliates, assigns, shareholders, members, managers, directors, officers, employees, agents or representatives (collectively, the "Company") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action or costs and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by Participant in conjunction with Participant's involvement in the Activity.

Participant has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Activity. Participant further attests and Participant's Parent/Guardian agrees that the Participant has individually assumed the risks involved with this Activity.

Participant understands and acknowledges that this Release is binding on Participant and Participant's family, estate, heirs, administrators, representatives and assigns. Participant further agrees to hold harmless, indemnify and defend the Company from any claim by Participant or Participant's family arising out of Participant's involvement in the Activity.

Participant and Participant's Parent/Guardian agree that the Company is granted permission to seek and obtain emergency medical treatment, if necessary, and that such action by the Company does not constitute any assumption of responsibility by the Company for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Participant certifies that she/he is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant is not aware of any health-related reasons or problems, which would preclude or restrict Participant's ability to take part in the Activity.

If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

Parent Phone (Home) _____ (Cell) _____

Additional Emergency Contact Name and Phone _____

Signature of Participant's Parent or Guardian: _____

Date: _____