

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 CCS Winter Sports Registration Form

Please complete and return this form along with your payment and physical form by Tuesday, November 15, 2016.

Student Name:		Grade:	
Student cell(HS ONLY) :		Sport	
Mom's Name:	Cell #:	Email:	
Dad's Name:	Cell #:	Email:	
Home Phone #			

SERVICE COMMITMENT FORM

All families are required to serve in one coffee fellowship per season. This can happen either by donating baked goods, serving at the coffee fellowship, or donating \$20.00 which will help support our sports program. Coffee fellowships are generally the 2nd Sunday of each month. (Please note coffee fellowship dates are assigned by CCOB so changes may occur due to their needs.) Both you and your athlete's signature show that you will be committed to serving, attending practices, and games.

Coffee Fellowship Dates:

High School Boys 12/11/16	Middle School Boys/Girls 1/8/17	High School Girls 2/12/17		
Please Select One:				
We will provide baked goods/ fruit/water/etc.	We will serve at the coffee fellowship 8:00 - 10:15 or 10:15 - 12:30 (circle time)	We will donate \$20.00 (check must accompany registration)		
Student name	Student signature	Date		
Parent name	Parent signature	Date		
Registration fee per student: \$125.00 (\$100 for siblings) (separate checks) Uniform security deposit: \$25 (separate check)				

Coffee Fellowship: \$20 donation (if applicable) (separate check)

Please make SEPARATE checks for each fee payable to "Calvary Christian School"*

Office use only:	Check/Cash:	Amount:	Date Recd:
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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:	