



## Sport Registration Form 2010 - 2011

COMPLETED FORM IS REQUIRED FOR EACH SEASON PRIOR TO PARTICIPATION IN ANY PRACTICE OR COMPETITION.

Indicate season for which you are registering:

Fall
                         
  Winter
                         
  Spring

<b>Student's Name:</b>	<b>Gender:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
<b>Home Address/ City/ Zip Code:</b>			<b>Home Phone:</b>
<b>Father's Name:</b>	<b>Father's Cell:</b>	<b>Sport:</b>	
<b>Mother's Name</b>	<b>Mother's Cell:</b>	<b>Previous school if transfer student:</b>	
<b>*Primary E-mail:</b>		<b>*Secondary E-mail(Optional):</b>	
<b>*Please provide a primary e-mail address. This is the e-mail address to be used by the school to pass along important team information and updates. If you desire to have information passed to two e-mail addresses, please provide a secondary address.</b>			
<b>STUDENTS MUST NOT BE ENROLLED IN ANY OTHER SECONDARY EDUCATION SCHOOL OTHER THAN CHRISTIAN LIFE ACADEMY. TRANSFER STUDENTS SHOULD REVIEW THE CIF ELEGIBILITY REQUIREMENTS PRIOR TO ENROLLING (SEE <a href="http://www.cifeds.org/welcome.asp">HTTP://WWW.CIFEDS.ORG/WELCOME.ASP</a>).</b>			
<b>Acknowledgement:</b>  Please read this acknowledgement carefully and be aware that final registration is conditioned upon your (and/or the students, as applicable) acceptance, agreement to, and/or timely execution of additional documents, including but not limited to the following: (i) liability waiver and release; (ii) medical release and transportation consent; (iii) CIF Ethics in Sports Policy; (iv) successful completion of a qualifying medical examination; (v) CIF eligibility documentation; and (vi) such other forms as may be necessary in order to comply with the CIF state, section, conference or league requirements. Failure to fully complete and/or provide and required documentation in a timely manner may result in ineligibility for participation in team practice or competition. As evidenced by my signature below, I hereby give my consent and acknowledge of the foregoing.			
<b>Parent's Signature:</b>			
<b>Parent's Name:</b>		<b>Date:</b>	

*Actual level of play and team assignment will be determined by the coaching staff after an appropriate evaluation of skills.*

**Please send completed form to:**

**CLASP**

613 W. Valley Parkway Suite 245

Escondido, CA 92025

(760) 741-1233