



ATHLETIC ASSOCIATION

Spring Sports Registration Form

Softball

Baseball

Team Manager

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Registration Fee \$40.00 per player  Cash  Check (payable to CTCAA)

CTCAA Membership Acknowledgement:

As a parent with a student on a team, it is important that your child attend scheduled practices and games, with attention given to promptness. Our coaches have volunteered their time and every effort should be made to assist them when asked. Parent help in CTCAA is part of your child's participation in a sport. Parents are asked to chaperone at Junior High Dances held at the EEC. It is vital to the financial support of our sports programs. Please sign up when dates for these activities are announced. Thank you.

Team Membership Acknowledgement:

- ◆ Team commitment is required from March through June.
- ◆ Uniforms are provided by CTC for all students. Softball players are expected to provide their own cleats and glove. Uniforms are to be returned washed and labeled at the end of the season.

More information regarding all of the items above as well as team specific information will be provided by the coach(es) when practices begin. If you have any questions or concerns you would like to discuss prior to registering, please contact Donna Kanya, Softball Head Coach, at 609-827-0160 or [kanyadm@comcast.net](mailto:kanyadm@comcast.net).

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please return completed registration form, informed consent & waiver form and registration fee to the Attention of the Athletic Director.**

*NOTE: Late registrations cannot be guaranteed participation!*



ATHLETIC ASSOCIATION

**Informed Consent & Waiver Form**

*Please complete one form per child/participant.*

My child and I are aware that participating in (select all that apply):  **Baseball**  **Softball**  **Team Manager**

for Cape Trinity Catholic Athletic Association (CTCAA) is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other risk conditions.

I. I understand this consent form and hereby waive, release and forever discharge any and all claims against CTCAA, Cape Trinity Catholic, its administrators, employees, volunteers or agents, Notre Dame de la Mer Parish, its pastoral team, employees, volunteers or agents, as well as the Diocese of Camden and the Bishop of the Diocese of Camden, for damages and/or injuries to the undersigned which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise and agree to indemnify and hold harmless the CTCAA, the School, the Parish and the Diocese of Camden and all of the administrators, employees, volunteers and agents of all from and against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport.

I hereby give my permission for my child to participate in the above checked sport activity for CTCAA.

II. As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue discomfort.

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER/GUARDIAN CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

FATHER/GUARDIAN CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS OF CHILD/PARTICIPANT (I.E. ALLERGIES, CHRONIC ILLNESS, ETC.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



## Athletic Association Student Code of Conduct

- Model Christian like behavior during practices and games
- Will remember that my behavior represents my school
- Will practice and encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice
- Will remember that sports participation is an opportunity to learn and have fun, not just win.
- Will be generous in winning and graceful in losing
- Will attend and be on time for every practice and game that I can and will notify the coach in advance if I cannot.
- Will do my very best to listen to coaches and learn from them
- Will try my best at every practice and game, working hard to improve my skills and self-discipline, and to help my team
- Will play by the rules of the game
- Will never argue with or complain about a referees call or decision
- Will work for the good of the team
- Will control my temper and resist temptation to retaliate against an opponent if I felt like I was wronged
- Will treat my coaches, my teammates, other players and teams, officials, and fans with respect
- Will applaud and encourage efforts of my teammates
- If I feel I am not getting a lot of playing time, I will speak to my Coach to see what I can do to earn more playing time
- Should communicate directly with the coach on matters of concern, only at appropriate times. Times to talk are not immediately before, during or after a game. Please wait at least 24 hours before bringing your concern to the Coach.
- Will show respect during prayer, pledges and the playing or singing of our National Anthem
- Will have fun and enjoy the sport I chose to participate in with my teammates!

Student Athlete Signature \_\_\_\_\_

Date: \_\_\_\_\_

Sport: \_\_\_\_\_