

2026-27 Cheswick Christian Academy Sports Program (CAPS)

Requirements for Participation

Every CCA student who plans to participate in ANY SPORT AT CCA must be covered by a health insurance policy and must submit the following to the Academy office:

- 1) completed Permission Slip/Waiver Form (***DUE AT 1ST PRACTICE - STUDENT MAY NOT PRACTICE WITHOUT IT!**)
- 2) completed Physical Exam Form signed by a licensed physician. All physicals must be up to date to participate in a game or meet. Physicals expire at the end of the month from one calendar year prior.
- 3) appropriate Registration Fee indicated below must be paid before the student will receive a uniform or be permitted to participate in a game or meet.

* **Permission Slip (below)** must be completed/returned before student may participate in practice.
For actual game participation, fees must be paid and physical documentation must be current.

2026-27 Registration Fees – Make checks payable to CCA. (costs subject to change)

The registration fee for **BASKETBALL** is

**\$175 for one child in family
\$100 for each additional child.
\$100 for 4/5/6 Team children.**

The registration fee for **FLAG FOOTBALL** is

**\$125 for one child in family
\$ 75 for each additional child.**



2026-27 Permission Slip, Contacts, Accident Waiver, and Release of Liability Form

Name of student: _____ Grade: _____

Parent's name(s): _____ Phone(s): _____

WHO TO CONTACT IN CASE OF AN EMERGENCY (if parent cannot be reached):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____ Hospital of Choice: _____

____ Yes, I do have family health insurance. Health insurance provider: _____

Policy number: _____

Has a doctor placed any restrictions on child's activity? ____ yes ____ no (If yes, please explain on reverse.)

I grant permission for my child listed above to participate in the sports program at Cheswick Christian Academy for this school year. I **understand that my child may not be permitted to participate in practices** until this permission slip is complete and submitted to the office. I **understand that my child will not be permitted to participate in games or meets** until the registration fee is paid and the required physical is up to date and submitted to the school office. Please understand that any student not covered by a health insurance policy **MAY NOT PARTICIPATE** in any CCA interscholastic sport.

I **understand that I may be required** to participate in fundraisers and/or concession stand sales during the school year to offset expenses such as uniforms, banquet, league fees, referees, etc.

I waive, release, and discharge from any and all liability to the maximum extent permissible under applicable law, including but not limited to, liability arising from the negligence or fault of the entities or persons in charge, for death, disease, disability, personal injury, property damage or theft resulting from any C.C.A. sports activity including transportation to and from events or practices. CCA is not responsible to pay for, and has no policy in place to cover, injuries incurred by sports participants. I hereby consent to allow medical treatment which may be deemed advisable in the event of my child's injury, accident, and/or illness.

(parent or guardian signature)

(date)