

CHRISTIAN HOMESCHOOL ATHLETIC ASSOCIATION OF FLA. INC.

"Where Jesus is Lord and Every Child is a Winner"

2008 - 2009

THIS FORM WILL BE IN THE POSSESSION OF THE COACH/STAFF MEMBER. IT WILL FACILITATE CONTACTING YOU IN OBTAINING MEDICAL ASSISTANCE IF NECESSARY FOR YOUR CHILD.

In the event my child becomes ill or injured while under CHAA's supervision, I/we approve authorities to take the following steps:

- 1. Contact a parent/guardian of the student and follow his/her instructions.
2. In the event neither parent(s) nor guardian(s) can be reached, contact the physician and follow his/her instructions.

STUDENT NAME(S) DATE OF BIRTH
DATE OF BIRTH
DATE OF BIRTH

PARENT NAME(S) ADDRESS ZIP CODE
HM. PHONE () WK. PHONE () PGR. ()
CELL # () OTHER PHONE(S)
E-MAIL(S)

EMERGENCY CONTACT: PHONE ()
FAMILY PHYSICIAN: PHONE ()
HEALTH INSURANCE: ID NUMBER

Has student(s) had an injury to muscles/joints within the past year that has caused missed playing time in athletic events?
YES NO Please explain

STATEMENT OF RELEASE

I/We the undersigned hereby grant the above named student(s) permission to participate in CHAA of FLA sponsored activities. I/We release and hold harmless CHAA of FLA Inc. and its staff from all liability for mishap or injury to the student(s) named herein from the time of drop off to the time of pick up.

SIGNATURE OF PARENT/GUARDIAN DATE

REGISTRATION: PLEASE FILL IN THE FOLLOWING THAT APPLY

My child/children will be attending the following location:

DAY / PARK LOCATION

MORNING / AFTERNOON / FULL DAY

FEES: HALF DAY SESSION = \$75/ 4 weeks
FULL DAY SESSION = \$95/ 4 weeks
\$20.00 Registration fee (per family) INCLUDES 1 T-shirt ADDITIONAL T-shirts \$9.00 each

*****SIBLINGS ALWAYS 50% OFF*****

5% - 10% Savings for Full and Half year payments

I would like to save 10% on my tuition I would like to pay in full;
\$675 less 10% = \$607.50 for a total yr. pmt. for one 1/2 DAY student
Siblings pay \$303.75 per child, per 1/2 DAY student
Or: I would like to pay \$855 less 10% = \$769.50 for a total year pmt.
for one FULL DAY student Siblings pay \$384.75 per child, per FULL DAY student

I would like to save 5% on my tuition,
I will pay in TWO 1/2 year installments; one now & one in January 2008
\$675 / 2 = \$337.50 less 5% = \$320.63 for each 1/2 year payment
for one 1/2 DAY student Siblings pay \$160.32 per child, per 1/2 DAY student
Or: I would like to pay \$855 / 2 = 427.50 less 5% = \$406.12 for each 1/2 yr. payment
for one FULL DAY student Siblings pay \$203.06 per child, per FULL DAY student

I would like to pay EVERY 4 WEEKS
Please email me a monthly payment reminder

Registration (\$20 per family, includes 1 free t-shirt): \$20.00
Tuition 1st child:
Each add. Child 50% off:
Extra T-Shirts (\$9 each)
Other
TOTAL:

Make checks payable to: "CHAA",
THANK YOU