

5th/6th GIRLS/BOYS/CO-ED VOLLEYBALL REGISTRATION FORM



REGISTRATION DEADLINE: 8/14/18 (forms and money must be turned in at the front office)

Cost: \$90 – 5th/6th Girls/Boys/Co-Ed Volleyball (if student is turning 15 during season, they are ineligible to play)

If a 6th grade student is ineligible to play on the 5th/6th team due to their age, they may play on an available 7th/8th grade team. If spots remain available after registration deadline, those spots will be offered to 4th grade

Eligibility Requirements: All players MUST not have any major disciplinary issues during the season (which includes pre-season conditioning) until the last scheduled game in order to be eligible to play on the team. Should any major disciplinary issues arise, the player may be suspended from play and practice for a period of time which is at the discretion of administration.

Child's Name: _____ Grade & Teacher: _____

Birthdate: _____ Age: _____ Male _____ Female _____

Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

Child's Limitations/Pertinent Health Conditions (please provide doctor note documenting health condition and required medical care if necessary): _____

Parent/Guardian Info:

Parent/Guardian Name: _____ Phone: () _____

EmailAddress: _____

Parent/Guardian Name: _____ Phone: () _____

EmailAddress: _____

Emergency Contact Info (other than parent)

Name: _____ Phone: () _____

AUTHORIZATION AND RELEASE:

Medical Treatment: In the event I cannot be contacted, I give permission for my child to receive emergency medical treatment by qualified medical personnel, and if needed, to be transported by ambulance or car to an emergency medical center for treatment. I further consent to the disclosure of any and all health information deemed immediately necessary for evaluation, and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician in a hospital when deemed immediately medically necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing that SCCAA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Pineapple Cove Classical Academy, SCCAA, volunteers, independent contractors, directors and contributing agents of the activity, from all liability based on any damage, loss, or injury of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support teamwork, fair play, family involvement and volunteer leadership.

Signature of parent or legal guardian:

_____ **Date:** _____

Dear Parents/Guardians:

We are very excited to be able to offer after school athletic opportunities for our students and we look forward to a great year showing our Patriots spirit at all of the upcoming events. In order to ensure success of our teams, here is some important information you should know:

1) The primary goal of Pineapple Cove Classical Academy is the education of our students. We are glad to offer athletics as a secondary goal to enhance our student's learning. However, grades are of the utmost importance. Should the school administration feel that a student's learning is suffering as a result of participation in any athletic program, that student will be suspended until grades are returned to an acceptable level.

2) All coaches are volunteers and have been gracious enough to give their time to our students and families. It is imperative that we are respectful of their time with regard to dropping players off at practice/games and picking them up on time. Should tardiness become an ongoing issue, the player will no longer be permitted to attend that sport program and monetary fees will not be refunded.

3) In the event that practice for any sport does not start immediately after dismissal, it is the parent's/guardian's responsibility to make arrangements with after-care or pick the child up at dismissal and bring them back later for practice. Students may not be left unaccompanied on school grounds.

4) Practices are for players and coaches only. If a parent/guardian wishes to assist with practice or games, that person will need to be cleared by the school as an A+ volunteer. In addition, siblings that are not part of the team, are not allowed to participate in any practices or games. It is the coach's right to designate a practice as a "closed practice".

5) Commitment and participation are key to any successful sports program. Should your child be unable to attend either a practice or a game, please notify your coach or Ms. Ball immediately. This will ensure that the proper arrangements can be made to best handle any situations that might arise such as needing to cancel games or practices without inconveniencing others who may be involved in the scheduling process.

6) Should any issues arise with coaches, players, referees or participants from other schools, please direct all concerns to administration or Ms. Ball. Situations can occur where the heat of the moment may cause one to react instantly but it is best if you notify the school to handle any problems that may arise.

7) It is helpful if one or two parents can assist the coach with various jobs such as: party coordinator, communication (contacting everyone else via phone, email, text with changes to schedule, etc), snack coordinator, and team photographer. Please notify the coach if you are willing to assist with any of these jobs. Remember, those hours can be counted for volunteer hours.

We are grateful that you have chosen to participate in the Patriots Sports Program and hope that you and your child have a wonderful experience.

Pineapple Cove Classical Academy

2018-2019 Sport Program

Welcome to the Sports Program for PCCA. If you and your child are interested in becoming involved this year, please take a moment to read the information below and return the signed and completed contract.

I, _____, the parent of _____ will, along with my child, abide by, respect and uphold our six school virtues.

**Courage-I will do the right thing even when it's unpopular or difficult.*

**Courtesy-I will be polite, use manners, and maintain a positive attitude in all of my daily interactions.*

**Honesty-I will speak the truth and act truthfully with others and myself.*

**Perseverance-I will be persistent in my efforts despite difficulty or delay in achieving success.*

**Self-Government-I will use self-control in my actions and my interactions with others.*

**Service-I will seek to help others through my words and deeds.*

****Any student unable to fulfill their responsibilities in upholding these six virtues will no longer be permitted to attend their sport club and monetary fees will not be refunded.**

****Please be advised that **transportation is the responsibility of the parents.****

****After the third occurrence of late pick-up, your child will no longer be permitted to attend that sport program and monetary fees will not be refunded.**

****Sport teams will be limited to a certain number of students (numbers will vary depending upon sport) and will be filled either on a first come, first serve basis or tryouts depending on the team.**

We look forward to working with you and your child this year. If you have any further questions or concerns, please do not hesitate to email us.

Student Name: _____ **Grade:** _____ **Teacher:** _____

Parent Name: _____ **Parent Contact #:** _____

Emergency Contact: _____ **Emergency Contact #:** _____

*****Emergency Contact must be listed on school registration in order to sign-out student.**

*****Commitment is an excellent quality to possess and essential in upholding our school virtues.**