

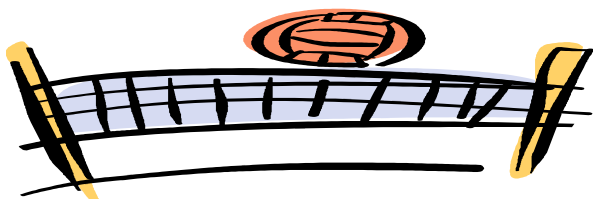


Christian Athletic Association

2016 CO-ED 14&UP VOLLEYBALL REGISTRATION

Registration forms may be turned-in or mailed to the CAA Office 410-747-7920: 202A Ingleside Avenue, 21228

If you have any questions about this program, please contact: david@caayouthsports.org or sandi@caayouthsports.org



Fee: \$60.00 per player, per session

- Session I (1/5-3/22)
- Session II (3/29-6/14)
- Session III (9/13-11/29)

Time: 7:00-8:30pm, Tuesday Evenings

Location: Bishop Cummins Gymnasium

Ses. I	Ses. II	Ses. III
1/5	3/29	9/13
1/12	4/5	9/20
1/19	4/12	9/27
1/26	4/19	10/4
2/2	4/26	10/11
2/9	5/3	10/18
2/16	5/10	10/25
2/23	5/17	11/1
3/1	5/24	11/8
3/8	5/31	11/15
3/15	6/07	11/22
3/22	6/14	11/29

------(Detach Here)-----

2016 CAA CO-ED VOLLEYBALL (Pick-up League) REGISTRATION FORM

***Session you are registering for (please circle): Session #1 Session #2 Session #3

***For Players 17 Years old & under (This Section must be completed)

DAD'S LAST NAME: _____ FIRST NAME: _____

EMPLOYER/OCCUPATION: _____ WORK PHONE #: _____

MOM'S LAST NAME: _____ FIRST NAME: _____

EMPLOYER/OCCUPATION: _____ WORK PHONE #: _____

E-Mail Address: _____ (please print clearly)

I hereby give permission for my child/children to participate in Christian Athletic Association.

I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

Parent/Guardian signature: _____ (Sign for players 17&Under)

PLAYER(S) LAST NAME	FIRST NAME	BIRTHDATE	M/F	AGE AS OF 01/01/16
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHURCH ATTENDING: _____ HOME PHONE: _____

EMAIL: _____ (primary league contact via email, please print clearly) Cell/Best Contact #: _____

EMERGENCY CONTACT: _____ PHONE: _____

***I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

***REQUIRED SIGNATURE (for 18&over)**

Office Use Only, Registration Fee Received: Amt Rec'd: _____ Registrar _____ Date Registered _____