



**GWINNETT CHRISTIAN ATHLETICS ORGANIZATION**

*“Train up a child in the way he should go; and when he is old, he will not depart from it”.*  
*Proverbs 22:6*

**APPLICATION CHECKLIST**

***\*\*Incomplete applications will NOT be accepted\*\****

Please complete the following checklist to ensure your application is fully completed

Completed	Application Documents
	Athlete Registration Form (2 pages)
	Waiver & Release (must be completed <u>each</u> year)
	Physician Statement (must be completed by physician)
	Authorization
Parent & Athlete Covenant (Parent’s Use Only – DO NOT submit with application)	
NOTES	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Full Payment is required at Registration. There will be a \$25 Charge for any Returned Checks. No Registration refund after 30 days. There will be a \$25 Non-Refundable Administrative Fee applied to All Refunds.**



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**ATHLETE REGISTRATION FORM**

**ATHLETE NAME:** \_\_\_\_\_

**DATE OF BIRTH (MM/DD/YYYY):** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**GENDER:**  Male  Female

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

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **MOBILE PHONE:** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**EMERGENCY CONTACT NAME** \_\_\_\_\_

**EMERGENCY CONTACT PHONE** \_\_\_\_\_

**HAS YOUR CHILD EVER PARTICIPATED IN ANY ATHLETIC PROGRAM BEFORE?**  YES  NO

**WHERE?** \_\_\_\_\_ **HOW MANY YEARS?** \_\_\_\_\_

**INSURANCE INFORMATION:**

My son/daughter is adequately and currently covered by medical insurance that will cover injuries sustained while participating in Gwinnett Christian Athletics Organization activities.

YES  NO

**MEDICAL DATA (IMPORTANT - list ANY medications, surgeries, conditions, or allergies):**

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



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**ATHLETE REGISTRATION FORM**

**TETANUS Immunization in last 5 years?**  YES  NO

**MMR (Measles, Mumps, Rubella Vaccine) Booster (2<sup>nd</sup> Immunization)**  YES  NO

**WHAT SCHOOL DOES YOUR CHILD ATTEND?** \_\_\_\_\_

**PROGRAM REGISTRATION:**

Basketball  Cheerleading  Soccer  Flag Football

Baseball  Volleyball  Golf  Track

**FEES:**

**VARY BASED ON ATHLETIC PROGRAMS. PLEASE SEE CURRENT FLYER FOR FEE AND DATES OF PROGRAMS.**

**PHOTO/VIDEO RELEASE**

By signing this application you grant permission for photographic or video recordings of your child that may be electronically displayed via the Internet or in the public ministry setting.

I hereby grant permission to the rights of my child’s image, likeness and sound of his/her voice as recorded on audio or video tape without payment or any other consideration. I understand that my child’s image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein his/her likeness appears.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***NOTE: Parents/Guardians are responsible for the transportation for athletes to and from all athletic programs; practices and games. For security purposes children will only be released to parents, guardians or emergency contacts listed on this registration form, unless otherwise specified on this form.***

**GWINNETT CHRISTIAN ATHLETICS ORGANIZATION**  
**WAIVER AND RELEASE FORM**

As the parent or legal guardian of \_\_\_\_\_ (player), I hereby give permission for \_\_\_\_\_ to participate in the Gwinnett Christian Athletics Organization. I understand that Gwinnett Christian Athletics Organization is a non-profit charitable institution, which is voluntarily presenting this ministry for my child, other participants and the community. I also understand that all athletic programs offered by Gwinnett Christian Athletics Organization can involve physical contact with other members, the floor, field, or equipment, and that there is a resulting risk of physical injury, which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death.

I have explained these risks and the benefits of playing team sports to my child and my child is in proper physical condition to participate in any and all athletic programs offered by Gwinnett Christian Athletics Organization and has no existing injuries or conditions that could jeopardize his/her safety or health or any other participants. I, therefore, release and discharge ALL liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the Gwinnett Christian Athletics Organization, whether or not resulting from negligence, and I agree not to pursue any legal action against Gwinnett Christian Athletics Organization., Board Members, Staff, Coach's or Volunteers or Representatives, staff or volunteers or for any such claim.

In the event of an emergency or accident involving my child \_\_\_\_\_, I hereby give permission for him/her to be transported to a medical facility by ambulance and for him/her to be seen and/or treated by medical or surgical authorities as deemed necessary, unless I am present and request otherwise.

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Parent or Guardian's Printed Name**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

**PHYSICIAN STATEMENT**

**\*TO BE FILLED OUT BY PHYSICIAN\***

\_\_\_\_\_  
**Child's Name**

\_\_\_\_ Cleared, unrestricted

\_\_\_\_ Cleared with the following limitations:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ NOT cleared, further evaluation needed

On the basis of the above information, together with the medical history furnished to me by the child's parent or guardian, I have found no indications of physical or medical reason which would make it inadvisable for the above name child to engage in any athletic program offered except as indicated above.

\_\_\_\_\_  
**Physician's Printed Name**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Physician's Address**

\_\_\_\_\_  
**Physician's Phone Number**

\_\_\_\_\_  
**Date**

**AUTHORIZATION**

I certify that the medical history provided in this application is complete and accurate. I understand that this will serve as the basis to determine if my child \_\_\_\_\_ (name) may participate in Gwinnett Christian Athletics Organization activities.

I also understand that this medical evaluation is only to determine fitness for participation and is not to take the place of any regular medical examinations.

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Proverbs 22:6**

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## Parent & Athlete Covenant

1. I will pray and *encourage* my child, his/her teammates, mentors, coaches, other parents, officials, and the league officials. ***1 Timothy 2:1, Hebrews 3:13***
2. I will *support* the coaches and officials working with my child by encouraging his/her respect for them. I understand that in the event my child is disrespectful to myself or the mentors, coaches and officials he/she will be suspended from at least one game (depending upon the severity of the infraction). ***1 Peter 5:5; Hebrews 12:2***
3. I will encourage my child in his/her *academic achievements*; in the event he/she fails to satisfactorily I will inform the coaches and voluntarily suspend him/her for at least one game. In the event of a school mandated suspension, my child will not be permitted to participate in games, but must attend all games, practices and team meetings. ***Proverbs 3:12, 29:17***
4. I will encourage my child to *speak respectfully* to and about his/her teammates, mentors, coaches, fans, officials, and opposing team. In the event he/she does not or receives a technical foul for unchristian-like behavior (profanity, fighting or arguing), it will result in automatic suspension from at least one game. A second offense will result in his/hers suspension for the remainder of the season. ***Ephesians 3:29; Philippians 3: 14-15***
5. I will *dress* my child modestly and appropriately in order to glorify the Lord. ***1 Thessalonians 5:22, Colossians 3:17***
6. I will support my child's involvement by modeling Christ-like behavior and attitudes, providing transportation to team meeting's practices, games, and snacks. In the event a player is absent for one game or practice, he/she will be benched the following game, unless the absence is due to injury. Players are required to *arrive 30 minutes* prior to game time; tardy players will be benched for unexcused tardiness. ***Proverbs 22:6***
7. I will encourage my child to learn spiritual truths from the game and develop Christ-like character, including the following traits:
  - Willingness to sacrifice for a long-range goal
  - Consideration for others
  - Ability to accept criticism and profit by it
  - Determination, persistence, self-discipline
  - Obedience to rules and to directions from one in charge (***Galatians 6:7-9***)
8. I will provide an *environment, which is free of drugs, tobacco, and alcohol* and will refrain from their use at all youth sports events. ***Romans 13:14***
9. I will *limit my child's other extracurricular involvements*, in order to not interfere with his commitment or performance with the team. ***1 Corinthians 14:40: Psalms 90:12***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Athlete's Name