

C.T.A.A. 2010 Summer Ultimate Frisbee Registration Form

Chesterfield Township Athletic Association, P.O. Box 236, Crosswicks, NJ. 08515

www.chesterfieldtpw.com

Mail this form with check in the amount of \$35.00 made payable to the CTAA by Friday, June 4th to:

CTAA, PO Box 236, Crosswicks, NJ 08515, Attn: Youth Ultimate

The CTAA provides a summer youth ultimate league for boys and girls going into grades 3rd through 6th in the fall. The league will be held twice a week on **Monday and Thursday evenings from 6:30pm to 8:00pm starting June 21st through August 12th**. Ultimate is a fast-paced, highly athletic, non-contact sport that kids love. The league will teach the basics of the sport as well as provide game time. Each participant should wear cleats if they have them or sneakers, t-shirt and shorts. Also bring a bottle of water and apply sunscreen.



Nick Springer is the parent volunteer coordinating this effort and any questions can be directed to him at 609-903-6333 or email nick.springer@gmail.com

Participant Information: ONE FORM PER PLAYER

Name: _____

M ___ F ___ Grade: _____ Age: _____

Parent/Guardian Information:

Father/Guardian Name: _____

Mother/Guardian Name: _____

Primary Contact Phone #: (Number the CTAA will use to contact you): _____

Address: _____

Email Address: _____

Emergency Contact Information:

Name of Contact: _____ Home Phone #: _____

Relationship: _____ Cell Phone #: _____

Participant's Medical Conditions:

List Allergies/Attention/Medical Issues: _____

Family Physician: _____ Phone#: _____

Warning of Risk & Emergency Care:

I, as a parent/guardian, assume all risks and responsibilities for my child/myself while participating in the Chesterfield Township Recreational Program. As a Parent/guardian of _____, a minor, I duly authorize treatment by a qualified and licensed physician in the event of a medical emergency, which I understand may endanger his/her life, cause death, disfigurement, physical impairment or discomfort if delayed treatment, as per the opinion of the attending physician. This authority is granted only after a reasonable effort has been made to reach all of the emergency numbers given above.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian's Name: _____

NOTE: By signing this registration form, I agree to return, at season's end, any returnable uniform issued to my child, or pay a fee determined by the CTAA or other Recreational Committee in charge. **Refund Policy:** You must contact a member of the CTAA should your child change his/her mind about participating in this clinic. CTAA contact information can be found on the Chesterfield Township website under CTAA Sports. A full refund will only be granted prior to the start of the clinic.

Clinic Coaching Volunteers:

In accordance with the CTAA By-Laws, the all Coaches and Assistant Coaches must abide by the Coaches Responsibilities and Commitments document. Coaches must also be Rutgers Certified. Rutgers certification classes are usually held prior to each sport season and the cost is incurred by the CTAA. For more information on both requirements and a copy of the Coaches document, go to the CTAA webpage on the Chesterfield Township Web site at www.chesterfieldtpw.com. Note: All Coaches and Asst Coaches may be subject to fingerprinting and background checks.

I am interested in volunteering to assist with this clinic: Name: _____

Primary Phone Number: _____ Primary Email Address: _____