



West Michigan Christian Athletic Association

P.O. BOX 72
BYRON CENTER, MI 49315
Phone (616) 299-6551 WWW.WMCAA.ORG



Participant Registration Form

Please complete this form, and mail with specified registration fees. / /
(Date)

Volunteer: Please select one option below:

- My family **does not** want to volunteer therefore our **non-volunteer** fee is \$50 per child in addition to the registration fees listed below.
- My family agrees to volunteer **two** times per student during the team's season.

Activity: Please select all that apply – only one form is needed (i.e. for camp and season)

BOYS FOOTBALL

- Football Summer Camp \$40
- 5/6th Grade Boys Youth Football Team \$120
- 7/8th Grade Boys Youth Football Team \$135
- Boys Varsity Football

Physicals Required 7th-12th Grades

GIRLS VOLLEYBALL

- Girls Volleyball Camp \$45
- Jr. High (6th-8th grade) \$175
- JV (9th grade and up) \$275
- Varsity (9th grade and up) \$325
- Varsity Travel Team \$450

Physicals Required for JV & Varsity Teams

Participant Information:

Name: _____
 Date Of Birth : / / Grade: Date of Graduation: / /
 Shirt Size: (adult) S M L XL 2XL 3XL
 Height: ft. in. Weight: (Height & Weight For Football Only)

Parent Names: _____
 Street Address: _____
 City: _____ Zip code: _____
 Home Phone: () _____ Cell Phone: () _____
 Parents' E-mail Address: _____

Any Medical Condition, Current or Past: (please seek out your coach and discuss this with him/her)

I certify that my child is enrolled and active in an under-graduate education program defined as follows:

- Homeschool
- Private* / Christian* / Charter School* / Alternative* -- School Name _____

⇒ *High School participants must show academically eligibility and must obtain a **Player Eligibility Release Form** to allow him/her to participate in any High School Level WMCAA program(s)

(Office use only): Date _____	Cash or Check # _____	Pmt Amount \$ _____
Date _____	Cash or Check # _____	Pmt Amount \$ _____
Date _____	Cash or Check # _____	Pmt Amount \$ _____



Parents and Players Code of Ethics and Qualifications

Age Qualification:

I certify that my child/player will not exceed the age of nineteen (19) years old at any point during the scheduled season in which my child is participating.

Graduation Disclaimer:

I certify that my child/player has not graduated from any above qualified education program and has not received a GED, diploma or any equivalent document as support of such completion and is therefore eligible to play in the WMCAA program.

Our Statement of Faith:

1. We believe in a personal, Eternal God as the Creator of all things.
2. We believe that we are created in God's image; therefore we owe him our deepest love and respect.
3. We believe that human nature fell into sin, is sinful, and is in need of a Savior.
4. We believe that Jesus Christ is God's Divine Son; sent to this world to save sinners.
5. We believe that the Holy Spirit is fully God, and dwells within all those who believe in Christ Jesus.
6. We believe that all of life is to be lived for the glory of God, including our play.

Parent/Guardian Code of Ethics:

- I will respect the goals of the association.
- I will help my child understand the goals of the association and lead my child by example in showing positive support for all the players, coaches, and officials at every game.
- I will place the emotional, physical, and spiritual well-being of my child ahead of my own personal desire to win.
- I will support the coach(es) working with my child in a way that makes for a growing, enjoyable experience for all involved.

I certify the all the above is true and correct and that I accept my responsibility as outlined in the Code of Ethics.

Parent/Guardian Signature (Signature required)

Date

Players Code of Ethics:

- I will strive to display a God-honoring demeanor at all times. I will listen to my coaches and respect their authority over me, and I will show consideration and kindness to my fellow players, including those on the opposing teams.
- I will respect my teammates by being faithful to attend every practice and game and notifying my coach when I cannot as described in the teams rules, by learning to work as a team, and by giving my best effort.
- I will remember that while winning is fun, attitude and effort determine success.

Player's Signature (Signature required)

Date



Insurance Required Release Form

Minor Waiver/Release - RELEASE OF LIABILITY FOR MINOR PARTICIPANTS - READ BEFORE SIGNING

IN CONSIDERATION OF _____ my child/ward, is being allowed to participate in any way in the related events and activities of the West Michigan Christian Athletic Association (WMCAA). As a Legal Parent/Guardian I the undersigned acknowledge, appreciate, and agree that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the West Michigan Christian Athletic Association (WMCAA) its directors, officers, coaches, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OR RISK I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____