

Cheer Registration

Cheerleader Name: _____

Grade/Squad: _____

Contact Phone Number: _____

Contact email: _____

Cheerleaders uniform size: _____

Cheerleader shoe size: _____

Sports Fee: \$75

Shoe Fee: \$60

Uniform Contract

We will be issuing the cheer uniforms this year to be taken home by each cheerleader until the conclusion of the cheer season. By signing this contract you are agreeing that the uniform will be returned by the conclusion of the cheer season in the condition it was issued. You are also assuming all responsibility for any damage and will be responsible for the compensation of Zephyrhills Christian Academy for the cost of the uniform (\$112.00) if it is lost or damaged in any way. Please follow the laundering instructions provided to ensure proper uniform maintenance.

Laundry Instructions: Machine wash on gentle/handwash cycle. Lay flat or hang to dry.

Cheerleader Signature

Parent Signature

Coach Signature

Zephyrhills Christian Academy

A ministry of Fair Haven Baptist Church

34927 Eiland Blvd., Zephyrhills, FL 33541

www.zcawarriors.us

Pastor Michael J. Smith
Administrator

Phone 813-779-1648
Fax 813-779-9829

SPORTS WAIVER

I hereby give permission for my child _____ to participate: Cheerleading Practices, travel to and from the games of Zephyrhills Christian Academy for 2019-2020 Season.

In my capacity as parent/guardian, I hereby waive any right that I, or my child may have to sue ZEPHYRHILLS CHRISTIAN ACADEMY of Zephyrhills, Florida or any of the Adult Workers, as a result of any and all participation in these activities.

I further agree to hold ZEPHYRHILLS CHRISTIAN ACADEMY and any of the Adult Workers harmless and to bear the cost of their legal defense, if any suitor legal or equitable action is brought against any of the above as a result of any and all injuries, damages, or losses suffered by my child while participating in these activities away from the school.

Finally, I hereby appoint the Administrator, Michael Smith, and/or the Adult Workers on duty to act in the place of the parent/guardian to hospitalize and secure proper treatment for, and order injection, anesthesia or surgery for my child as named above in the event the parent/guardian cannot be located. I understand that every effort will be made to contact the parent/guardian before medical treatment is given. I also affirm that the medical information on this form is both complete and correct.

_____ Parent _____ Date

_____ Parent _____ Date

PLEASE COMPLETE IN ITS ENTIRETY

NAME OF CHILD _____

ADDRESS/CITY/STATE/ZIP _____

BIRTHDATE _____ GRADE _____

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

MEDICAL INFORMATION ABOUT BY CHILD:

MEDICATION TAKEN REGULARLY, PLEASE LIST NAME AND DOSAGE: _____

LIST ANY ALLERGIES AND REACTIONS: _____

ANY OTHER PERTINENT INFORMATION: _____

INSURANCE INFORMATION:

COMPANY NAME _____ CONTACT NUMBER _____

POLICY HOLDER _____

POLICY # _____ GROUP # _____

Zephyrhills Christian Academy Athletic Information for Students and Parents

ACADEMIC ELIGIBILITY: In order to participate in high school interscholastic athletics, a student must currently have and maintain a cumulative grade point average of 2.0 or above on a 4.0 un-weighted scale. The athletic director and/or coach will verify all grades within a five-day period subsequent to team tryouts and monitor grades thereafter. Failure to have and maintain a cumulative 2.0 grade point average will result in immediate dismissal from any interscholastic athletic team. Middle school students must have a 2.0 grade point average for the previous semester in order to be eligible.

ATHLETIC TRANSFER ELIGIBILITY: Have you been enticed/recruited by any staff member or coach to attend ZCA to participate in Athletic Programs?

ATHLETIC TRANSFER VERIFICATION: Any high school student who has been authorized to transfer from one school to another must meet the athletic transfer verification requirements. This includes, but is not limited to, students who were previously enrolled in public schools, private schools, charter schools, home schools, magnet schools and alternative schools. For more information on the procedures, visit your school or district website or contact your school athletic director. The verification policy/procedures can be located at the following web address: <http://www.peola.com/pasco-fl/> and the "Athletic Transfer Verification Procedures".

ATHLETIC FEES: There are no try-out fees. Once a student is selected for a team a fee will be due: \$70.00 for high school students; \$50.00 for middle school students. The fee for the second sport is \$40.00 for high schools; \$30.00 for middle schools. The total family fee (for the same school) is \$170.00 for high schools; \$125.00 for middle schools. The individual cap for high schools is \$110.00. The individual cap for middle schools is \$80.00. A student will not be allowed to dress out, participate in a game or be considered part of the team until the full fee is paid. **ALL FEES MUST BE PAID WITHIN 3 DAYS OF THE CONCLUSION OF TRYOUTS.**

STUDENT STATEMENT: As a student athlete, I agree to maintain athletic eligibility, comply with training rules, and conduct myself so as to bring pride to my school, my team, and my family. I understand I, as well as my parent(s)/guardian(s), are responsible for any uniforms, equipment, and/or supplies issued to me while participating in interscholastic athletics. I agree to repair or replace any damaged item and replace any lost item. I understand suspension from school will result in suspension from practices or games during the time of the suspension.

PAYMENT OF FHSAA FEES: As a student athlete I am representing my school and my school district. I am responsible for my conduct in the athletic program. I understand that if I do not act accordingly to school policy, there will be repercussions for my actions. I will follow guidelines and rules outlined in the District School Board of Pasco County's Code of Student Conduct and the FHSAA Handbook. In the event of an ejection or disqualification while participating in athletics my parent(s)/guardian(s) and I agree to pay the FHSAA fines, which are assessed by the FHSAA (Example: \$250.00 gross unsportsmanlike conduct).

My parent(s)/guardian(s) and I understand I won't be able to participate in any athletic contests until all fees have been paid to my school and I am subject to additional disciplinary action by any school administration depending on the severity of my actions.

Print Student Name

Student Number

Student Signature

Date

Parent/Guardian Signature

Parent/Guardian Signature

Date

MISSION STATEMENT: Our mission is to train students to be productive citizens for our community. We at Zephyrhills Christian Academy desire to train up your child: Spiritually, Academically, Through Character Building, to be Warriors for Christ, For Eternity as Proverbs 22:6 instructs.