

CHRISTIAN HOME EDUCATORS FELLOWSHIP OF OKLAHOMA
CHEF ATHLETICS REGISTRATION

Participant's Name: _____ Gender: _____ Birth Date: _____
Grade: _____ Number of Years Played: _____ Age on August 1st: _____
Parents' or Guardian's Names: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Player's Cell Phone: _____
Parent's E-mail Address: _____ Player's E-mail Address: _____
Father's Employer: _____ Work Phone: _____
Current Member of CHEF: Yes _____ No _____ CHEF Membership #: _____
Is Parent willing to coach _____ or assist with coaching _____?

14U and up: \$125, first 2 players, player 3 or more: \$62.50. 12U and below \$90 all players

RELEASE OF LIABILITY CONTRACT

(Parent's Name) _____, for himself/herself and for his/her spouse and for his/her child(participant) and other children hereby represent and agree to the following:

Participation Authorization and Release of Liability

My child, _____, has my permission to participate in all CHEF Athletics sponsored or endorsed activities. CHEF Athletics and its officers, CHEF Board Members, coaches, coaching staff, agents, and licensees are hereby released from any and all liability or responsibility for any injury that may occur to my child, to me, to my spouse, to any of my other children, resulting directly or indirectly from my child's participation in CHEF Athletics activities including but not necessarily limited to league, tournament and practice games, practices, transportation to and from games, tournament or otherwise, and the use of practice facilities, games facilities, concession facilities or any other facilities.

Insurance Information

Initial the appropriate blank and complete the information for Item 1, if applicable.

_____ 1. This is to certify that my child is covered by the following health insurance:

Company Name: _____ Type of Policy: _____

_____ 2. This is to certify that we have NO HEALTH INSURANCE policy, which will cover my child. However, he/she has my permission to participate in all CHEF Athletics activities.

Authorization for Emergency Treatment

I hereby authorize Dr. _____ or any physician, surgeon or dentist on the medical staff of the nearest Emergency Medical Center to administer any emergency treatment procedure or medicine necessary or advisable when accompanied by an adult. I further authorize (Player's Name) _____ to be transported to the emergency room at the nearest Emergency Medical Center. I also authorize officials at CHEF Athletics to secure the use of an ambulance, if necessary, for transporting my child to the nearest Emergency Medical Center, and/or to administer first aid treatment as necessary. I further agree to pay the medical center, doctors, and ambulance service for all services rendered to the above named player. I request that this authorization remain in force as long as my child is engaged in any activity relating to CHEF Athletics, unless notified in writing of a change by parents.

Rules and Regulations

I, _____, have read the Handbook and Rules and Regulations (at www.chefok.org) as stated by the Board of Directors of CHEF Athletics, I hereby agree to abide by said rules and regulations. I have also read and fully understand the penalties prescribed by CHEF Athletics for the violation or non-compliance of said rules and regulations and by my signature do agree to these terms and conditions. (Parents and Player Code of Conduct)

I understand I will not be allowed any refund after registering unless approved as an exceptional circumstance by CHEF Athletics Committee.

Signed by:

Father: _____ Date: _____ Cell #: _____

Mother: _____ Date: _____ Cell #: _____

Guardian: _____ Date: _____ Cell #: _____

Other Emergency Contacts: Name: _____ Cell #: _____

Name: _____ Cell #: _____

For CHEF Use Only: CHEF Athletics Registration Paid \$ _____ Cash _____ Check # _____

Number of Children Paying: 1 2 3 4 5 6