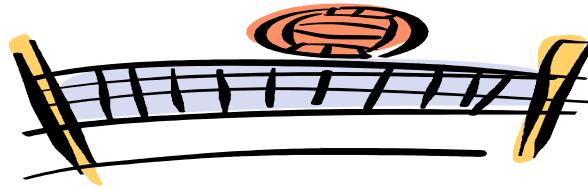




**CHRISTIAN ATHLETIC ASSOCIATION  
2012 CO-ED 14&UP SPRING VOLLEYBALL REGISTRATION**  
Forms may also be printed from our web site and mailed to: 2001A Frederick Road, 21228



**Registration is being accepted for Spring Session, Pick-up Volleyball**

**Fee: \$60.00 per player for 12 weeks.**

**Tuesday nights at 7:00pm at Bishop Cummins Memorial Church**

**SPRING Session (II): March 13<sup>th</sup> – May 29<sup>th</sup>, 2012 (Now Registering)**

**Future Sessions:**

**Summer (III): June 5<sup>th</sup> – August 21<sup>st</sup>, 2012**

**Fall (IV): September 4<sup>th</sup> – November 20<sup>th</sup>, 2012**

**Description:** Players **14 Years old through all adults** register first come first serve. The first **14 players** to register will be guaranteed playing time. After 14 players are registered, we will consider an additional time slot on Tuesday nights.

**This is a pick up league and will not have uniforms or referees.** *Hebrews 12:1 Therefore, since we are surrounded by such a great cloud of witnesses, let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us.*

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2012 CAA SPRING VOLLEYBALL CO-ED REGISTRATION FORM

PLAYER(S) LAST NAME	FIRST NAME	BIRTHDATE	M/F	AGE AS OF 03/01/12
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CHURCH ATTENDING: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

\_\_\_\_\_  
**REQUIRED SIGNATURE**

**Players 17 Years old & under (Must be completed)**

DAD'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 EMPLOYER/OCCUPATION: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_  
 MOM'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 EMPLOYER/OCCUPATION: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ (please print clearly) Family Cell Phone: \_\_\_\_\_

I hereby give permission for my child/children to participate in Christian Athletic Association. I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

**Parent/Guardian signature:** \_\_\_\_\_  
(Players 17&Under)

Office Use Only, Registration Fee Received: Amt Rec'd: \_\_\_\_\_ Registrar \_\_\_\_\_ Date Registered \_\_\_\_\_