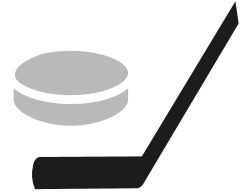




**CHRISTIAN ATHLETIC ASSOCIATION
2012 FLOOR HOCKEY REGISTRATION**

Early Registration: **December 1-29th, 2011**
Regular Registration: **December 30th, 2011 – January 10th, 2012**
2001A Frederick Road, Catonsville, MD 21228 (410)747-7920
Mail-In or Online at www.caayouthsports.org



AGE GROUP: (AGE BASED AS OF January 1ST 2012, age groups may be adjusted if necessary)
6-7 CO-ED 8-9 CO-ED 10-11 CO-ED
12-13 CO-ED 14-15 CO-ED 16-17 CO-ED 18& Up CO-ED

EARLY BIRD REGISTRATION FEE: Register before Dec. 29th to receive \$10.00 off registration cost.

INDIVIDUAL: \$70.00 FOR ONE PLAYER (After 12/29 - \$80.00*)
TWO PLAYERS: \$140.00 "Same Family and/or Household" (After 12/29 - \$160.00*)
MAX FAMILY FEE: \$200.00 FOR 3 OR MORE SIBLINGS (After 12/29 - \$230.00*)

*Early Registration Discount for registrations received through December 29th, 2011.
* Reg. not refundable after January 10th, (prior to January 10th, \$10.00 will be deducted from refund)

SEASON: Program begins early February & runs through mid April. Coach will call w/practice time and place. If you do not hear from a coach by **February 6th**, please call the above number or email sandi@caayouthsports.org or jessica@caayouthsports.org.

PLAYING LOCATION: 6-7 YEARS OLD play at BISHOP CUMMINS CHURCH in CATONSVILLE
2001 Frederick Road, Catonsville, MD 21228
8-ADULT play at LAMB OF GOD GYM in HALETHORPE
1810 Fairview Ave., Halethorpe, MD 21227

EQUIPMENT: FLOOR HOCKEY IS PLAYED IN NON-MARKING ATHLETIC SHOES. SHIN GUARDS ARE MANDATORY (same as indoor soccer). ALL OTHER EQUIP. WILL BE PROVIDED.

**PLEASE NOTE: RETURNING PLAYERS FROM 2011 WINTER HAVE FIRST PRIORITY. NEW HOCKEY PLAYERS WILL BE IN THE LOTTERY (if necessary). Register early to secure your spot on a team.

2012 CAA MAIL-IN FLOOR HOCKEY REGISTRATION FORM (Detach here)

PLAYER(S) LAST NAME	FIRST NAME	BIRTHDATE	M/F	AGE AS OF 01/01/12	New Player Only Rate: Good, Avg., Or No Experience
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
CHURCH ATTENDING: _____ HOME PHONE: _____
DAD'S LAST NAME: _____ FIRST NAME: _____
EMPLOYER/OCCUPATION: _____ / _____ WORK PHONE#: _____
MOM'S LAST NAME: _____ FIRST NAME: _____
EMPLOYER/OCCUPATION: _____ / _____ WORK PHONE #: _____
EMERGENCY CONTACT(OTHER THAN PARENT): _____ PHONE: _____
E-Mail Address: _____ Family Cell Phone #: _____

I hereby give permission for my child/children to participate in Christian Athletic Association. I accept full responsibility for any equipment and/or uniform(s). I understand that my child will have no further participation in CAA until uniform or fee is rendered. I understand **no refunds for any reason after January 10th**. (Prior to Jan. 10th, \$10 will be deducted from refund.)
I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

Parent/Guardian Signature: _____

PARENTS: Your help in this program is needed and greatly appreciated. Please check area(s) you would be willing to serve as a volunteer. Thank you! Our children need you.

MANAGER/HEAD COACH: _____ INTEREST IN SPONSORING A TEAM: _____
ASSISTANT COACH: _____ REFEREE: (Experienced or willing to learn: _____)
FACILITY CLEAN-UP AFTER GAME: **XX ALL FAMILIES MUST PICK-UP AFTER EACH OTHER**
(Facility use is a privilege, not to be taken lightly or carelessly).

Parents must keep all other children who attend games with you in your view at all times. Do Not Allow them in the hallways, rest rooms or other rooms without adult supervision. Please do not allow them to touch light switches, thermostats, alarms or other controls in the facility. Thank you for your assistance.

OFFICE USE ONLY

AUTHORIZED SIGNATURE ONLY (Registrar): _____ REG. FEE REC'D: _____ Date Registered: _____