



Coastal Homeschool Athletic Association
UNITY- CHARACTER- HONOR

CHAA BASEBALL APPLICATION

Submit the following with this application:

- Medical Release & Insurance Information
- Athletic Waiver and Release of Liability
- Statement of Faith Acknowledgement
- \$225.00 Participation Fee (Payment plans are available. Discount is available for families with multiple players.)

Athlete Name: _____

Parents' Names: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Player Cell: _____

Dad Cell: _____ Mom Cell: _____

Player Email: _____

Dad Email: _____

Mom Email: _____

Birthdate (MM/DD/YY): _____ Age today: _____

Grade Classification (Fall 2014) _____

Years of previous baseball experience _____

What team or league _____

What positions have you played or would like to play _____

Other sports played _____

CHAA is a volunteer driven organization and we depend on parents of our athletes to be willing to serve. Your help in this area will be greatly appreciated.

Please circle the areas you are willing to serve.

Team Administrator

Photography

Statistician

Trainer

Videographer

Team Pictures

Concessions

Fundraiser

Gate

Travel

Game Announcer

Programs

I have read the CHAA Eligibility Guidelines and certify that I am eligible to play for CHAA.

_____ (initials)

I have read the CHAA Expectations and agree that I will abide by these standards.

_____ (initials)

I have read the CHAA Appearance Guidelines and agree that I will abide by these standards.

_____ (initials)

I agree to fully participate and support in any fundraising available for the program.

Signed (Player) _____ **Date:** _____

Signed (Parent) _____ **Date:** _____