

Registration Form, Release of Liability and Assumption of Risk Agreement

Participant's Name	Birth Date	Address		City, Zip Code	Home Telephone
		n = =			
Class/Teacher:			Date(s	1.200 15 → May	Mo Early Release
Activity Description: Ba	shett	Dall			Cho Langherese
Location:			Transportation:		
Student Physical Involvement	:	f 178	- VO 2		
I understand that my child we (hereinafter CMP) administrate	ill be participa ors, teachers, v	ating in a field tri colunteers, and otl	p as describe her staff seek	ed above. At all times, to provide a safe envir	California Montessori Project onment and experience.
In providing consent for my accidents resulting in an injur cannot be eliminated without ju	y, accident, il	lness, or death m	nay occur on	this field trip. I under	nticipated risks or danger of rstand that such risks simply
AGREEMENT, WAIVER, AN Consistent with Education Co activity, I hereby voluntarily w damage which I or my child ractivity. This release discharge connected in any way with my danger of accidents and know assumption of risk is to be bind attorney's fees and costs to er behalf from all such fees and co	de Section 353 aive, release, a may have, or v s CMP, its offi participation ving those risl ling on my he uforce this agr	and discharge any which hereafter no cers, employees, a in said activity. It is I hereby assurirs and assigns. Seement, I agree to	and all claim may accrue to and agents, fi it is understoon me those risk Should CMP of o indemnify	ns for damages for persone or my child, as a com and against any and that this activity involves. It is further agreed or anyone acting on the	result of participation in said and all liability arising out of or olves an element of risk and a that this waiver, release and air behalf, be required to incur
PARENTAL CONSENT: (to be I hereby consent that my son/or release in his/her behalf. I state their behalf, be required to ind CMP or anyone acting on their I HAVE CAREFULLY REA	daughter parti that said min our attorney's behalf from al D THIS AG	nd signed by pare cipate in the abov or is physically ab fees and costs to Il such fees and co REEMENT, WA	ent/guardian re activity, and ble to particip enforce this ests. LIVER, AND	if participant is under d I hereby execute the ate in said activity. Sho agreement, I agree to i	above waiver, agreement, and ould CMP or anyone acting on indemnify and hold harmless ULLY UNDERSTAND ITS
CONTENTS. I AM AWARE THE CALIFORNIA MONTES	THAT THIS I SORI PROJE	S A RELEASE O CT AND I SIGN	F LIABILIT IT OF MY FF	Y AND A CONTRAC REE WILL.	r between myself and
	No.	w francisco		54	Betham Inc. Meabout the
Parent/Legal Guardian (Please	print) Si	gnature		Date	
Daytime Phone		ell Phone	*****	Email	*********
Participants and parents/legal instructions of the CMP staff in	guardians hei	eby agree to abid			
Parent/Legal Guardian Signat	ure St	udent Signature	6.9	Date	



American River Campus Field Trip Emergency Information 2017-2018

Student Name:_

This information will be kept on file and will accompany your chil	d's chaperone on field trips. If at any time there are changes
to this information, please indicate that on the permission slip that neatly in blue or black ink.	at is sent home for that individual field trip. Please print
heady in blue of black lik.	4
Name(s) of Parent/Guardian:	
Parent/Guardian Work Phone:	Cell Phone:
Additional Emergency Contact Person:	
Relationship to Child:	Phone Number:
Health Insurance Carrier:	
Physician's Name:	Physician's Phone Number:
Student's Critical Medical Needs/Allergies/Conditions:	The second secon
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Additional Information:	
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<u>California</u> Mönt	essori Project
American Riv	
Field Trip Emergency Int	
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Additional Emergency Contact Person:	Substitute of the sast the states of the state of
Relationship to Child:	Phone Number:
Health Insurance Carrier:	Policy Number:
Physician's Name:	Physician's Phone Number:
Student's Critical Medical Needs/Allergies/Conditions:	The state of the s
Additional Information:	
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Welcome to the 2018-2019 CMP Basketball Program

The Basketball Program is available to all stude	ents from	1 4"-8" grade. If you are interested
in participating in any of our after school sport	s activiti	es, please fill out all attached forms
and return to office by: Friday, D	ecen	1 ber 14th
t.		
Practices are scheduled to begin on	2	, at <u>3:15</u> for 4 th -6 th graders.
Middle School practices will begin on <u>Jan</u>	15	, at <u>3:15</u> Practices times
may vary but typically will be around an hour.		
Ma are requesting a and time contribution of	¢ 20, 00 %	or player that will go towards
We are requesting a one-time contribution of	-	
assisting us with the cost of facility rentals; tea	m t-shirt	is and end of the season awards.
Player information: Please complete		
	Grade	Class/Teacher
Player(s) Name:		
_		
Player(s) Contact/Emergency Phone Number: _		
riayer(s) contact, Emergency riflone Number,		
Shirt Size(s): check one		
Youth: M L XL		
Adult: S M L_		VI.
Adult: S IVI L_		XL

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Philosophy

CMP sees the importance of having an after school athletics program. This program will serve as a sense of pride and unity for the participating campuses. Through the sports program student-athletes will learn how to work cooperatively with their peers in an athletic setting. The student-athletes will be taught the rules and regulations along with the skills of the sports. Keeping with the Montessori philosophy, the individual needs of the student-athletes will be met through practice and game play. For the lower elementary, as an example, if a student-athlete cannot serve the ball over the net, then the student will be allowed to move closer to the net. We want the student-athletes to be successful while learning the skills so they will continue to play and stay active as they get older. The student-athletes will have the principles of being a Montessori student reinforced through the responsibility they must take in being students first and athletes second in keeping up with their school work. Scores will be kept but, especially with the upper elementary, the process (skills/rules learned) will be the emphasis and not the result (wins and losses).

Requirements

The sports program will be available to the 4th-Middle School students. While participating in the after school sports program, the student-athlete is not only representing themselves but also their classroom, their respective CMP campus and CMP as a whole. Because of this, the student-athletes will be expected to abide by the following guidelines:

-4 th -6 th grade student-athletes will be required to complete 80% of all assigned classroom work and
100% of homework. Satisfactory participation in PE and completion of written work in PE is
required as well. Student Initial (S.I.) Parent Initial (P.I.)
-For the Middle School, if a student-athlete has an Fthey may not participate in games until the Fis
raised. In addition, the Middle School student-athletes need to have a C average (2.0 grade point
average), with no F's, at the end of the grading cycles in order to participate. Once the grades have
been raised, students will be allowed to participate again. S.I P.I
-Student-athletes will conduct themselves in a Safe, Responsible, and Respectful manner with no
office referrals. An office referral will result in the student-athlete not being able to practice or play
that week. Teacher managed incident reports will be managed on a case by case basis.
S.I P.I

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-Student-athletes are to conduct themselves in an appropriate manner during the course of all practices and games. Disrespect shown towards any official, opponent, or coach will not be tolerated. S.I P.I
-It is also expected that all spectators conduct themselves in an appropriate manner. If a spectator is being disrespectful, vulgar or conducting themselves in an inappropriate manner they will be warned. If the behavior continues they will be asked to leave.
S.I P.I
-Unless previous arrangements have been made for special circumstances, at the coach/school administrator's discretion, student-athletes missing school on game days will not be allowed to play in the game that day. The student-athletes have made a commitment to their teammates and their coaches; please make game attendance a priority. S.I P.I
-CMP dress code consisting of appropriate length shorts and no tank tops will be implemented during practice. Tennis/athletic shoes are required to maintain student safety. S.I P.I
-Any pictures taken at CMP sporting events that contain children, other than your own, may not be posted on social media sites (Facebook, Twitter, Instagram, etc) or anywhere else on the internet. S.I P.I
-If a parent or student athlete has a question or concern, only about themselves or their child, for the coach it must be addressed at an appropriate time and place. This would best be done at a prearranged meeting time. Coaches will not discuss other student athletes. S.I P.I
Student Signature Date:
Parent Signature Date:

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