

# SUMMER SPORTS PROGRAM

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## CHERNOMORETS

### REGISTRATION FORM

Child's Name: \_\_\_\_\_,  
(LAST NAME) (FIRST NAME)

Child's DOB: \_\_\_\_\_  
(MM/DD/YEAR)

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: (Please print legibly) \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How does your child get along with other children/friends? \_\_\_\_\_

Does your child have any specific fears? Please describe: \_\_\_\_\_

#### **Program Information:**

My Child Will Be Attending: Please check off weeks below.

- Week 1: 06/29 – 7/03    Week 2: 7/06 – 7/10    Week 3: 7/13 – 7/17    Week 4: 7/20 – 7/24  
 Week 5: 7/27–7/31    Week 6: 8/03– 8/07    Week 7: 8/10 – 8/14    Week 8: 8/17 – 8/20    Week 9: 8/24-8/28 (OPT)

Early Morning Drop-Off:    Monday    Tuesday    Wednesday    Thursday    Friday

Late Stay:    Monday    Tuesday    Wednesday    Thursday    Friday

My child will be using transportation service    Yes    No

Please indicate the type of payment you will be making:

- Cash    Check\*

\*All checks and money orders must be made payable to **First Chernomorets USA**.

**Authorization:** As parent/guardian of the above participating child, I confirm that the above information provided is accurate.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Program Fee:	\$ _____	Early Morning:	\$ _____
		Late Stay:	\$ _____
Sibling Discount:	\$ _____	Deposit:	\$ _____
Transportation:	\$ _____	Balance Due:	\$ _____
	\$ _____	Receipt:	# _____

# PARTICIPANT CODE OF CONDUCT

For the benefit of all participants, children and parents are required to read and sign Participant Code of Conduct, agreeing to follow the guidelines. If it becomes necessary to take disciplinary action against a participant, the steps that will be followed are outlined below.

1st incident: The participant will receive a verbal warning and an explanation as to why the behavior is inappropriate

2nd incident: Staff will determine an appropriate consequence for the participant's actions (examples may include a "time out" or exclusion from participating in an activity). The participant's parent will be notified of their behavior

3rd incident: The child will be excused from program without a tuition refund.

The Black Sea Chernomorets Summer Sports Program reserves the right to bar any child from the program following a first incident in cases of serious behavior problems.

## **As a Participant, I will:**

- o Show respect to other participants.
- o Show respect to staff and cooperate fully with their instructions.
- o Communicate in an appropriate manner, without the use of foul language or gestures, harsh words or tone of voice.
- o Conduct myself responsibly (NO horseplay, unwelcome teasing or other unkind and bullying behaviors).
- o Refrain from deliberately causing bodily harm to participants or staff (NO pushing/shoving, kicking, hitting/fighting, biting and spitting)
- o Respect the beliefs of others and treat them with courtesy and consideration.
- o Use program equipment, supplies, and facilities properly and responsibly.
- o Respect the property of others: I will not steal, damage or vandalize any property.
- o Understand that irresponsible behavior will result in disciplinary action or dismissal from program.
- o Know and follow the rules of the program.
- o Not leave program property unless on a supervised outing.
- o Be on time for all program activities.
- o Have FUN!

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **AGREEMENT: FORM NOT VALID UNLESS SIGNED**

*I understand that full payment of program fees will be made on or before Friday before the Start of the next week. Failure to pay in full by that date will result in cancellation of my child's enrollment in sports program and a \$100 service charge. Once program begins, there will be no refunds made except for reasons due to illness accompanied by a physician's statement. If registering for less than five days per week, all days must be the same each week. I understand that days and weeks may not be swapped. The Chernomorets Soccer Academy Summer Sports Program (CSASSP) reserves the right, after due notification to the parent/guardian, to cancel any participant enrollment or dismiss a participant whose conduct or behavior is deemed unsatisfactory to the best interests of the program. There will be no refunds given for such dismissal. I authorize the program to use my child's photograph in publicity and news releases at its discretion. I agree to allow my child to participate in all program trips and activities. I understand the program will not administer medication to my child except for routine first aid needs. I understand that the program is not responsible for lost, stolen, or damaged items. Finally, I understand that the CSASSP and its employees will not be responsible for any accident or injury unless arising out of negligence or willful misconduct of its personnel.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_