

2024 CAROLINA BEARCATS REGISTRATION CHECKLIST:

The following is a list of items that must be received for the student athlete to be eligible to participate for the Carolina Bearcats.

- _____ **Registration Form**
- _____ **Liability Release/Insurance/Non-Refundability of Fees**
- _____ **Participant and Parent Code of Conduct**
- _____ **Consent for Treatment**

Additional Items that must be included with registration:

- _____ **Physical Exam completed by Physician (must have by August 1st)**
- _____ **Picture ID: Copy of Driver's License, Permit, School ID, Passport, State Issued ID**
**This is a NCAA conference requirement to be playoff eligible. Players must be in high school and CANNOT turn 19 before 8-31-23. (YOU CAN TAKE A PICTURE AND TEXT IT TO 704-575-3956)*

_____ **Football Fee: \$450 – \$150 Deposit must be paid with registration. You cannot practice without the initial deposit being paid. We prefer that the entire fee be paid, but if you cannot we can work on payment plans after the deposit is paid.**

We can be paid in various ways:

- **Cash payment**
- **Check made out to Carolina Pride Football Inc.**
- **Cash App: \$Carolinabearcats**
- **Pay Pal: @bryceaf68**
- **Apple Pay – can provide number to send to**

Please hand deliver completed package to administration at practice or you may email the completed signed forms to Carolinabearcats@gmail.com. Please have **ALL** information except for the physical filled out and handed in together.

**Carolina Bearcat Football
2024 Football Registration Form**

Player cannot be 19 on or before August 31, 2024.

Players Name	Age	DOB	Expected Graduation Date and Class	Height	Weight

Address	City	State	Zip Code

School Attended	Cell Phone #	Email Address

Fathers Name		Mothers Name	
Fathers Cell		Mothers Cell	
Fathers Email Address		Mothers Email Address	

Football Fees: \$450 along with Registration and documents on Checklist.
**** Payment plans can be arranged, but Athletic Director must be contacted to discuss**
**** Bryce Friesz 704-575-3956 or Carolinabearcats@gmail.com**

**Make Checks Payable to: Carolina Pride Football if you are writing a check.*

Multiple Player Discounts for Family Members: \$50 off per additional players

Player may not be issued equipment or participate until:

- **ALL fees are paid OR \$150 DEPOSIT IS PAID AND PAYMENT PLAN IS MADE WITH THE TEAM**
- **ALL the registration paperwork is completed**
- ***A copy of a Photo ID is required (driver's license, student ID, passport and/or state issued ID). To be playoff eligible in the NCIAA you will be required to provide a photo ID with birthdate.***
- ***Proof of enrollment in high school is needed***
- **Physical must be completed by August 1st 2024 to be eligible to play in any scrimmage or game**

2024 Liability/Insurance Agreement/Refund Policy

I hereby waive and absolve the Carolina Bearcats and all persons, affiliated with or working with, or for the league, thereof, of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during the participation in camps, clinics, private coaching, weightlifting, and or any other activity related activity by my child.

In consideration of my signed release allowing my child to participate in a Carolina Bearcat football activity, I, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against the Carolina Bearcat, directors, coaches, representatives, volunteers and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or arising out of travel to and/or from respective activities. In the event of injury / accident / sickness, the Carolina Bearcat directors and/or coaches are to contact the designated adult listed at the end of the registration forms.

I, the undersigned, certify that I understand that I cannot file for reimbursement of medical expenses on behalf of my child or ward under League provided insurance until after I have paid the deductible amount, and my personal insurance and/or any other institutional insurance has first been paid whatever insurance amounts are appropriately due under these policies.

I, the undersigned, as the parent or guardian of a registered Carolina Bearcat participant, hereby agree that all registration and other fees I have paid to the Carolina Bearcat are not subject to refund or return unless the season is cancelled due to unforeseen reason. However, the board will consider written requests due to financial hardships or family relocation. Any approved refunds requested prior to ANY equipment being issued are subject to a \$ 50 administrative fee. Any approved refunds requested after any piece of equipment has been issued will be subject to a \$ 100 administrative fee. No refunds will be considered or issued until 100% of issued equipment has been returned. On approved refunds, a donation receipt will be available upon request for Non-Refunded Fees.

Parent, Guardian or Responsible Party Signature: _____ Date: ____/____/____

Participant Signature: _____ Date: ____/____/____

Participant and Parents Code of Conduct

1. I understand and agree that my education is my first and foremost responsibility and that I must maintain a Grade Point Average that meets the expectations of my school, my family and myself.
2. I will play any position assigned to me and will do my very best for my team at all times.
3. I will play the game hard and cleanly at all times, in a true sportsmanship like manner with never any intent to harm any opposing player.
4. I will participate in a moment of prayer before practices and games with my coaches and teammates.
5. I will treat my coaches, team mates, parents, teachers, guardians and any other individual I may come in contact with respect at all times on or off of the playing field.
6. I will do whatever my coaches ask me to do to the best of my ability at all times.
7. I will refrain from the use of drugs, alcohol and tobacco on or off of the playing field and understand that any violation of this agreement can and will result in suspension from the team.
8. I understand that a team sport requires **my attendance at all practices, games and social gatherings**. I will make the commitment to my coach and teammates to be in attendance and to notify my coach if, for any reason, I am unable to attend any scheduled event. **I will be on time for all team events.**
9. I will not in any way damage, or deface property, buildings or equipment.
10. I will abide by the decisions of the game officials and will not create any un-sportsmanlike behavior or gestures.
11. I will act as a gentleman (or lady as appropriate) at all times and refrain from any foul or questionable language.
12. I will inform my coach of any injuries I may sustain on or off of the football field.

Agreement Concerning Exposure to, and Requirement for, Adherence to Christian Behavior and Principles at Practices and Competitions by Participants

I, the undersigned, agree to the following terms of participation and attendance at Carolina Bearcat events as a participant, parent, guardian, responsible party and/or spectator without any purpose of evasion or mental reservation: I certify that I will, to the best of my ability, conduct myself in accordance with the behavior expectations established in the League's constitution, by-laws, policies and procedures and the League code of conduct to which I have ascribed.

Participant Signature: _____ Date: ___/___/___

Parent, Guardian or Responsible Party Signature: _____ Date: ___/___/___

Consent for Treatment and Grant of In Loco Parent Status

Participant Name: _____

I provide the Carolina Bearcats staff and attending trainer(s) to treat my student athlete during any practice or game. If EMT is required to be called, I provide the team the consent to do so.

Any medical condition an attending physician or EMT should know about in rendering First Aid or Emergency Treatment (list)

_____	_____
_____	_____
_____	_____

List of Allergies:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required Medication(s): _____

Parent or Guardian Name: _____

Parent or Guardian Phone: _____

Date: _____

Parent, Guardian or Responsible Party Signature: _____

NOTE: Parents, Guardian or Responsible Party will be notified in case of serious injury or illness as quickly as they can be reached, but this form will make immediate treatment possible.