



Calvary Fall Soccer

Participant's Name _____

Parent/Guardian Name(s) _____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Email Address _____

Father's Cell/Work Phone _____ Mother's Cell/Work Phone _____

Are you a member of a church? _____ If yes, where? _____

Gender (circle one) Male/Female Age _____ Birthdate _____

Grade _____ School _____

Coaches Name _____ or Team member request _____

Uniform Size (Please circle one)

Youth: X-Small Small Medium Large

Adult: Small Medium Large X-Large XX-Large

League (Please see Information Sheet before choosing)

U5 (3 & 4 yrs) U7 (5 & 6 yrs)

U9 (7 & 8 yrs) U11 (9 & 10 yrs) U15 (11-14 yrs)

Person (other than parent) authorized to act for parent in an emergency:

Name _____ Home Phone _____ Work Phone _____

Release of All Claims

In consideration for my child being allowed to participate in activities sponsored by Calvary Baptist Church, I hereby release, discharge, indemnify, and agree to hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury or illness that may be suffered by the above participant.

I/we further agree to indemnify and hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any claim and/or damages it, or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Parent/Guardian Signature _____ Date _____

For Office Use Only: Cash/Check # _____ Date _____ Amount Paid \$ _____ Initials _____

*****Registration is not complete until payment in full (\$85) is made.*****