

CHURCH OF THE HOLY COMMUNION 2018 Fall Soccer Registration Form

Player Name _____
Grade _____ Birth Date _____ Age _____ (as of 6-1-18) M _____ F _____
Address _____ City _____ State _____ Zip _____
E-Mail _____
Please check if this is a new email address (Yes) _____
Parent _____ Home # _____ Cell # _____
Parent _____ Home # _____ Cell # _____
School _____ Church _____
Special Medical Condition (if any) _____

Jersey Size:

YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Shorts Size:

YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Volunteer List:

 Please check if you would be able to help in the following areas:

Coach _____ Asst. Coach _____ E-Mail _____

Church Newsletter: Please check here if you would like to receive our Church newsletter. (Yes) _____

Please check the appropriate division: Age as of June 1, 2018

_____ Under 5 Co-Ed (Must be 4 by 6-1-18)	_____ Under 6 Co-Ed
_____ Under 8 Girls	_____ Under 8 Boys
_____ Under 10 Girls	_____ Under 10 Boys
_____ Under 13 Girls	_____ Under 13 Boys

Friend/Carpool Request _____ You can make one friend request. Your child's name must be listed on that child's form also. We will do our best to put them on the same team.

Please Turn to Back of this Form to Sign Waiver

REGISTRATION FEE: \$80.00

REGISTRATION DEADLINE: AUGUST 3, 2018

Registration Form can be dropped off at the Church or Recreation Office or mailed to:
Church of the Holy Communion, ATTN: Julie Fike, 4645 Walnut Grove Road, Memphis, TN 38117
Online Registration available at www.holycommunion.org

A player playing in our church league cannot play in any school or other soccer league/assoc. within the same season.

CHURCH OF THE HOLY COMMUNION

MEDICAL RELEASE AND WAIVER FORM

Release and Waiver: In consideration of my child being allowed to participate in the Church of the Holy Communion sports program and its related activities and events, I hereby release, discharge, indemnify and agree to hold harmless Church of the Holy Communion, its directors, employees and all volunteer personnel from any and all liability for personal injuries and/or damages(s), or illness that may be suffered by my child during participation in the program, even if arising from their negligence. I represent that my child is in good health and able to participate in the physical activities of the sports program. I understand and acknowledge that there are inherent risks in my child's participation in these activities; and that my child's participation may result in injury, damage or illness, including, without limitation, disability or death. I assume all risks and hazards incidental to such participation, including transportation to and from the activities.

Medical Authorization/Release: In case of emergency, I do hereby authorize Church of the Holy Communion staff and volunteer coaches to obtain emergency medical care and treatment for my child if I am not immediately available. I release Church of the Holy Communion, staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency.

Photo Release:

_____ Yes, I grant permission to Church of the Holy Communion to use photographs taken of my child during any Holy Communion sports/recreation activities for use in any Church of the Holy Communion printed or electronic publications.

_____ No, I do not give Church of the Holy Communion permission to use photographs taken of my child during any Holy Communion sports/recreation activities for use in any Church of the Holy Communion printed or electronic publications.

Child's Name _____

Parent's Name _____

Parent's Signature: _____

Date: _____