

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

First Baptist Church Wichita Falls

1200 Ninth Street
Wichita Falls, TX 76301

Form and registration fee may be dropped off at the **Church Office, Downtown Campus**, anytime between **8:30 a.m.** and **5:00 p.m.**, Monday through Friday.

REGISTRATION INFORMATION:

The early registration cost per child for soccer is **\$55**; after **February 17**, the cost is **\$60**.

Deadline for registration is **March 8**.

Soccer shorts are **optional** at a cost of **\$15**.

***No charge for a child of military parent deployed overseas!**

This is an **INDOOR Soccer League!**

EVALUATIONS AND SIGN-UPS:

Everyone **must** attend one soccer evaluation.

They will take place at the **First Baptist Church Gym, Downtown Campus**, as follows:

3 Year Old (by September 1, 2011) through 6th Grade Boys/Girls

Friday, February 17, between 6:00 p.m. and 7:30 p.m.

Sunday, February 19, between 12:00 p.m. and 1:00 p.m.

Thursday, March 8, between 6:00 p.m. and 7:30 p.m.

LEAGUE SCHEDULE:

Practices begin the week of **Monday, April 2, 2012**.

First Game - **Saturday, April 14, 2012**

Awards Celebration - **Tuesday, May 22, 2012**

FOR MORE INFORMATION:

First Baptist Church 940.723.2764 ext. 2065

tammy@fbcwf.org or children.fbcwf.org



11/12

UPWARD SOCCER REGISTRATION FORM

PARTICIPANT CONTACT INFO:

Last Name	First Name	Mi	Gender	Grade (11-12 school year)
Address			Date of Birth	
			Month	Day
City			State	Zip

Home Phone () Parent's Cell ()

Father/Guardian Email

Mother/Guardian Email

Church (if you regularly attend church, which one?)

Participant Information Notes (if any)

How many years has your child played organized soccer?

If applicable, circle **ONE** night your child **CANNOT** practice. **Tuesday Thursday**

SIZING: (COMPLETED AT EVALUATIONS)

Soccer Jersey Size (circle one):

YXS YS YM YL YXL/AS AM AL AXL A2X

Soccer Shorts Size (optional circle one):

YXS YS YM YL YXL/AS AM AL AXL A2X

EVALUATIONS: (COACHES USE ONLY)

10 Yd. Sprint Cone Weave

20 Yd. Sprint Stationary Passing

Breakaway Dribble Dynamic Shooting

PAYMENT:

Participant Fee : \$ _____ + Shorts : \$ _____ = Total : \$ _____

OFFICE USE ONLY

PAID		PAYMENT TYPE		AMOUNT	
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PLEASE BE SURE TO FILL OUT STEPS 1-5

PARENT/GUARDIAN INFORMATION:

1 Father/Guardian
Work Phone ()
I would like to assist this league by being in: COACH REFEREE TEAM PARENT

2 Mother/Guardian
Work Phone ()
I would like to assist this league by being in: COACH REFEREE TEAM PARENT

3 Emergency Contact
Daytime Phone ()
Evening Phone ()

For a larger print version of these terms and conditions please visit www.upward.org/targetfest

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.
NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Upward Unlimited (also doing business as "Upward Sports") athletic program (the "Program") of the above-named Church. My child will participate in the Upward sport described on this brochure.

I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion or requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely responsible for all aspects of the Program including supervision and supervision of all persons conducting the Program, and that Upward Sports is not responsible for the Program or selecting and supervising persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strains and prolonged physical activity, dehydration, stress, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and consent not to sue, the Church and Upward Sports, and all of the Church's and Upward Sports' directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I hereby authorize the Church and Upward Sports to use, reproduce, distribute, display, and in some cases offer to use, reproduce, distribute, and display, my child's image, and photograph, as well as any audio, digital or audio recording or reproduction, in connection with internal and external communications of the Church and Upward Sports for the sole purpose of advancing Upward Sports programs. By providing your email address, you agree to be included in occasional surveys from Upward Sports of which you will have the opportunity to unsubscribe.

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities.

I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including, but not limited to, and surgery and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child if any. My signature below indicates that all information provided on this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

4 Signature: _____ Date: _____
Printed Name: _____
Signature: _____ Date: _____
Printed Name: _____

5 If only one parent/guardian signs this form, the following must also be signed:
I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: _____ Date: _____
Printed Name: BRC34829 Date: _____

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