HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Kennebec Baptist Church

Mailing:
P.O. Box 1690
Angier, NC 27501

Drop Off:
9808 Kennebec Church Road
Angier, NC 27501

Registration may be dropped off at the Church Office, Monday through Thursday from **8:30 a.m.** to **2:30 p.m.** Please call before coming.

REGISTRATION INFORMATION:

The early registration cost per child for **soccer** is **$55**;
after **February 18**, the cost is **$60.**
Deadline for registration is **February 27.**
Soccer shorts are **optional** at a cost of **$10.**
Please make checks payable to **Kennebec Baptist Church.**
Scholarships may be available.

EVALUATIONS AND SIGN-UPS:

Everyone **must** attend one soccer evaluation.
They will take place at **Kennebec Baptist Church** as follows:

K-5 through 6th Grade Boys/Girls
Saturday, February 13, between 9:30 a.m. and 11:30 a.m.

K-5 through 6th Grade Boys/Girls
Saturday, February 20, between 9:30 a.m. and 11:30 a.m.

Weeknight Evaluations include K5 through 6th Grade Boys/Girls and are divided into last names:

Last Names A through M
Monday, February 15, between 6:00 p.m. and 7:30 p.m.

Last Names N through Z
Thursday, February 18, between 6:00 p.m. and 7:30 p.m.

Make-up Evaluations
Monday, February 22, between 6:00 p.m. and 7:30 p.m.
Please call to set up arrangements to attend the Make-up Evaluations.

LEAGUE SCHEDULE:

Practices begin the week of **Monday, March 8, 2010.**
First Game - **Saturday, March 27, 2010**
Awards Celebration - **Saturday, May 29, 2010**

FOR MORE INFORMATION:

Call Kennebec Baptist Church 919-639-4021
Email: brian@kennebecbaptist.org

Cut here and keep

09/10 UPWARD SOCCER REGISTRATION FORM

PARTICIPANT CONTACT INFO:

Last Name _____ First Name _____ MI _____ Gender _____ Grade (09-10 school year) _____

Address _____ Date of Birth _____ (Month / Day / Year)

City _____ State _____ Zip _____

Home Phone ( ) _____ Cell Phone ( ) _____

Parent's Email _____

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

Player Information Notes (if any) _____

How many years has your child played organized soccer? _____

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

SIZING: (COMPLETED AT EVALUATIONS)

Soccer Jersey Size (circle one):
YS YM YL YXL/AS AM AL AXL A2X

Soccer Shorts Size (optional circle one):
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 _____ **AMOUNT** _____ **PAYMENT TYPE** _____

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 a: ○ COACH ○ REFEREE ○ TEAM PARENT
2. Mother/Guardian _____
   Work Phone ( ) _____
   I would like to assist this league by being a: ○ 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/parents

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 athletic program (the "Program") of the above-named Church. My child will participate in the Upward sport denoted 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 of 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 selection and supervision of all persons conducting the Program, and that Upward Unlimited 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, strenuous and prolonged physical activity, dehydration, illness, 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 covenant not to sue, the Church and Upward Unlimited, and all of the Church's and Upward Unlimited's 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 as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in broadcasts, telecasts or written accounts for any participation in an Upward Unlimited sponsored event.

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 tests and radiological exams, 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 in 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: _____
   Printed Name: _____ Date: _____
   Signature: _____
   Printed Name: _____ Date: _____
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: _____
   Printed Name: _____ Date: _____

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