



Check #:	_____
Date Paid:	_____

## Emmaus Christian School Registration for Fall Soccer 2007

**Grade Level Eligibility:** Pre-4 through 5<sup>th</sup>  
**Season Length:** 7 weeks, beginning in September, ending October  
**Weekly Commitment:** Wednesday practice (1 hr after school); Friday games (as scheduled)  
**Activity Fee:** \$35.00 per student (due in September)

### PLAYER REGISTRATION FORM

(Please complete and return to office; one per student)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade in Fall '07 \_\_\_\_\_  
[Month/Day/Year]

Parents'/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email (yes, I check it daily!): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Volunteer Help/Uniform Order

I am interested in volunteering to:

- \_\_\_ Coach
- \_\_\_ Assistant Coach
- \_\_\_ Game Snack Co-coordinator
- \_\_\_ Available to Assist at Practices
- \_\_\_ Available to help where needed!

<b>Please circle shirt size:</b>				
YXS	YS	YM	YL	YXL
AXS	AS	AM	AM	AXL
<b>Shoe Size:</b> _____				

## **PARTICIPATION PERMIT**

By my signature below, I give my permission for my child, \_\_\_\_\_  
Grade \_\_\_\_\_ to participate in the soccer program of Emmaus Christian School.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I further understand that the dangers and risks of playing or practicing in sports include but are not limited to serious neck and/or spinal injuries which may result in brain damage, paraplegia, quadriplegia, serious injury to virtually all organs and/or bones, and in some cases death. I am advised that students are held responsible for all players' equipment owned and issued by the school.

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## **INSURANCE ARRANGEMENTS**

By my signature below, I verify that my son/daughter is fully covered by insurance carried by parents or guardians. I agree that Emmaus Christian School and/or authorized employees of said school shall not be held liable for accidents or injuries received by my son/daughter while engaged in Emmaus Christian School sponsored athletics, athletic practices or travel to and from any athletic contest.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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## **MEDICAL CARE**

By my signature below, I give Emmaus Christian School permission to obtain necessary medical care for my son/daughter in case of a medical emergency during Emmaus Christian School sponsored athletics, athletic practices or travel to and from any athletic contest.

Name of my son/daughter's physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

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## **CODE OF CONDUCT**

I also recognize and have discussed with my son/daughter, the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc., and we/they agree to obey such instructions. By my signature I am indicating that I have agreed to abide by the schools code of conduct and extracurricular guidelines as outlined in the Emmaus Christian School Handbook.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_