



| | |
|------------------|-------|
| Office Use Only: | |
| Check #: | _____ |
| Date Paid: | _____ |

Emmaus Christian School

Fall Soccer 2006

Grades PreK4 – 6th

Season Length: *8 weeks, beginning in September, ending mid-October*
Weekly Commitment: *Wednesday practice (1 hr) after school; Friday games*
Activity Fee: *\$30.00/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:** _____
[Month/Day/Year]

Grade Entering Fall 2005: _____

Parents'/Guardian's Name: _____ **Home Phone:** _____

Cell #: _____ **Emergency Contact:** _____ **Phone #:** _____

Email (yes, I check it daily!): _____

Volunteer Help/Uniform Order

I am interested in volunteering to:

- ___ Coach
- ___ Assistant Coach
- ___ Game Snack Co-coordinator
- ___ Car-Pool Co-coordinator (Game Days Only)
- ___ Available to Assist at Practices

| | | | | |
|----------------------------------|----|----|----|-----|
| Please circle shirt size: | | | | |
| YXS | YS | YM | YL | YXL |
| AXS | AS | AM | AM | AXL |
| ___ Shoe Size | | | | |

EMMAUS CHRISTIAN SCHOOL FALL SOCCER PARTICIPATION PERMIT

EMERGENCY INFORMATION

Name of Parent or Guardian _____

Phone where you can be reached: Father Hm# _____ Mother Hm# _____

Cell _____ Cell _____

Wk # _____ Wk# _____

E-Mail Address (*most often checked*) _____

Name of Physician to be called in an emergency _____ Phone _____

Person to contact in case of emergency and you cannot be reached:

Name _____ Relationship _____

Address _____ Phone _____

PARENT OR GUARDIAN PERMIT

I give my permission for _____ Grade _____ to participate in the soccer program of Emmaus Christian School and for school officials in the case of a medical emergency to obtain medical aide for my son/daughter.

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 am advised that students are held responsible for all players' equipment owned and issued by the school.

Signature of Parent/Guardian _____ Date _____

INSURANCE ARRANGEMENTS

_____ My son/daughter is fully covered by insurance carried by parents or guardian and the school will not be liable for any injury that occurs during athletic practices, or travel to and from the athletic contest.

Name of the company with which insured _____

Policy # _____

Date _____ Signature of Parent/Guardian _____