

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Lamar Baptist Church

1000 W. Lamar Blvd.
Arlington, TX 76012

Form and registration fee may be dropped off at the church office anytime between 9:00 a.m. and 5:00 p.m., Monday through Thursday.

REGISTRATION INFORMATION:

The early registration cost per child for soccer is \$75, after February 20, the cost is \$80.

Deadline for registration is March 3.

Soccer shorts are included in the registration cost.

Please make checks payable to Lamar Baptist Church.

EVALUATIONS AND SIGN-UPS:

Everyone must attend one soccer evaluation.

They will take place at the Lamar Baptist Family Life Park, 1000 W. Lamar Blvd., as follows:

Kindergarten through 2nd Grade Boys/Girls

Saturday, February 25 and Saturday, March 3, between 9:00 a.m. and 12:00 noon

3rd through 6th Grade Boys/Girls

Saturday, February 25 and Saturday, March 3, between 12:00 noon and 3:00 p.m.

Kindergarten through 6th Grade Boys/Girls

Tuesday, February 28 and Thursday, March 1, between 5:00 p.m. and 8:00 p.m.

LEAGUE SCHEDULE:

Practices Begin - Monday, March 19, 2012

First Game - Saturday, March 31, 2012

Awards Celebration - Wednesday, May 23, 2012

FOR MORE INFORMATION:

Don Louis

817.860.2957 ext. 318 or don@lamarbaptist.org

Cut here and keep



11/12

UPWARD SOCCER REGISTRATION FORM

PARTICIPANT CONTACT INFO:

Last Name _____ First Name _____ MI _____ Gender _____ Grade (1-12 school year) _____
 Address _____ Date of Birth _____ / ____ / ____
 City _____ State _____ Zip _____ Month _____ Day _____ Year _____

Home Phone () _____ Parent's Cell () _____
 Would you be willing to coach your child's team?
 Yes No

Father/Guardian Email _____ If yes, please print your name: _____

Mother/Guardian Email _____ Carpool Link (only same age/grade and gender) _____

Church (if you regularly attend church, which one?) _____ (other player must also list your child as their carpool link)

Participant Information Notes (if any) _____ How many years has your child played organized soccer? _____

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

SIZING: (COMPLETED AT EVALUATIONS)

Soccer Jersey Size (circle one):	Soccer Shorts Size (circle one):	EVALUATIONS: (COACHES USE ONLY)
YXS YS YM YL YXL/AS AM AL AXL A2X	YXS YS YM YL YXL/AS AM AL AXL A2X	10 Yd. Sprint Cone Weave
		20 Yd. Sprint Stationary Passing
		Breakaway Dynamic Shooting
		Driftble

PAYMENT: Participant Fee: \$ _____

OFFICE USE ONLY PAID PAYMENT TYPE AMOUNT

PLEASE BE SURE TO FILL OUT STEPS 1-5

PARENT/GUARDIAN INFORMATION:

- Father/Guardian Work Phone () _____ I would like to assist this league by being a: COACH REFEREE TEAM PARENT
- Mother/Guardian Work Phone () _____ I would like to assist this league by being a: COACH REFEREE TEAM PARENT
- Emergency Contact Daytime Phone () _____ Evening Phone () _____

For a larger print version of these terms and conditions please visit www.upwardleague.com

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

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 devoted on this brochure. I understand that the 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 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 either and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, fire, strenuous and prolonged physical activity, dehydration, illness, exhaustion or fatigue, poor participation, weather related injuries, being struck and equipment damage, and the failure of any child's participation in the Program and on behalf of my child and me, as parent/guardian, I hereby release, defend, hold harmless and indemnify, and covenant 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 participation 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 excluding 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 the other family members may have. I am a legally responsible parent or guardian of my child, that I as parent/guardian, and the other family members 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 hereby authorize the Church and Upward Sports to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image and photograph, as well as any video, digital or audio recording or reproduction, in connection with external and internal 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 at which time 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 the 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 coaches, parent participants, coaches, assistant coaches, aid, referees, supervisors and attendants, and myself or my child to emergency, medical and dental care and treatment, including but not limited to, first aid, and hospital care and treatment, and to consent to procedures to treat and other conditions as presented by the participant's physician, and to release, defend, hold harmless and indemnify the Church and Upward Sports from and against all claims and expenses, including reasonable attorneys' fees, that may be incurred by the Church and Upward Sports in the event of the failure of my child's participation in this Program, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

- Printed Name: _____ Date: _____
- Printed Name: _____ Date: _____
- 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: _____ Date: _____

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