

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

First Baptist Church
 124 West Ashley Street
 Jacksonville, FL 32202

Holiday Hill Baptist Church
 730 Mandalay Road
 Jacksonville, FL 32216

Form and registration fee may be dropped off at either church office anytime between **9:00 a.m.** and **4:00 p.m.**, Monday through Friday. You may also register online at www.fbcjax.com/sports

REGISTRATION INFORMATION:

The early registration cost per child for soccer is **\$60**; after **February 5**, the cost is **\$90**.

Deadline for registration is **February 25**.

Soccer shorts are **included** in the registration cost.

Make check payable to **First Baptist Church**.

Scholarships are available to children who have a parent currently deployed overseas or at sea.

EVALUATIONS AND SIGN-UPS:

Everyone **must** attend one soccer evaluation.

They will take place on the campus of **Holiday Hill Baptist Church, 730 Mandalay Road, Jacksonville, FL 32216**, as follows:

K5 through 9th Grade Boys/Girls

Friday, February 17, from 5:00 p.m. to 6:30 p.m.

Saturday, February 18, from 9:00 a.m. to 1:00 p.m.

Friday, February 24, from 5:00 p.m. to 6:30 p.m.

Saturday, February 25, from 9:00 a.m. to 1:00 p.m.

LEAGUE SCHEDULE:

Practices Begin - **Monday, March 12, 2012**

First Game - **Saturday, March 24, 2012**

Awards Celebration - **Monday, May 21, 2012**

FOR MORE INFORMATION:

First Baptist Church
 904-265-7269
upward@fbcjax.com

Holiday Hill Baptist Church
 904-721-0721
office@holidayhill.org

Cut here and keep



PARTICIPANT CONTACT INFO:

Last Name _____ First Name _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____ Cell Phone () _____
 Father/Guardian Email _____
 Mother/Guardian Email _____
 Church (if you regularly attend church, which one?) _____
 Participant Information Notes (if any) _____
 Gender _____ Date of Birth _____ / _____ / _____
 Grade (11-12 school year) _____ / _____ / _____
 Month _____ Day _____ Year _____
 Would you be willing to coach your child's team? Yes No If yes, please print your name: _____
 Carpool Link (only same age/grade and gender) _____
 (other player must also list your child as their carpool link)
 How many years has your child played organized soccer? _____
 If applicable, circle **ONE** night your child **CANNOT** practice.
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SIZING: (COMPLETED AT EVALUATIONS)

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

EVALUATIONS: (COACHES USE ONLY)

10 Yrd Sprint	Breakaway
20 Yrd Sprint	Dribble
Cone	Stationary Passing
Weave	Dynamic Shooting

PAYMENT:

Participant Fee: \$ _____
OFFICE USE ONLY
 PAID PAYMENT TYPE AMOUNT

PLEASE BE SURE TO FILL OUT STEPS 1-5

PARENT/GUARDIAN INFORMATION:

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

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

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 divided into this invoice.
 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. I 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 contact 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 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 referees) from and against all claims, damages, losses, expenses, costs, attorney's fees, and reasonable costs of defense, including reasonable attorneys' fees, that may be asserted against or incurred by my child or myself as a result 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 accepting 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 my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns (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 likeness) and shall remain in full force and effect for the sole purpose of allowing the Church and Upward Sports to use my child's image and likeness in the Church and Upward Sports' promotional materials, including but not limited to the Church and Upward Sports' website, social media, and other promotional materials. My signature below shall be included in occasional surveys from UpwardSports at which time you will have the opportunity to unsubscribe.

MEDICAL CONDITIONS

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 and its representatives may request health information concerning my child and/or ask my child to undergo a physical examination. The Church and its representatives may request health information from me or my child to ensure the safety and appropriate participation in Program activities; the Church may determine that my child cannot be permitted to participate 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 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 others, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including but not limited to, first aid, bandaging, suturing, and hospital care and treatment, and 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. I am responsible parent/guardian should sign.

4. Signature: _____ Date: _____
 Printed name: _____
 Signature: _____ 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: _____ Date: _____
 Printed name: _____
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