



2009

All-Star Soccer Registration

Player Contact Info:

Last Name: _____ First: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Gender: _____

Church: _____

Birthdate: ____/____/____ Grade: _____

Medical Information: _____

Father/Guardian: _____

Cell Phone: (____) _____

Work Phone: (____) _____

I would like to help by being a:

- Coach
- Referee
- Scorekeeper
- Coach
- Referee
- Scorekeeper

*Marking referee/scorekeeper does not commit you to every week, we will contact you and discuss what times you would be available to help.

Sizing: (Done during evaluations)

Jersey:

YS YM YL AS AM AL AXL AZZ

Shorts:

YS YM YL AS AM AL AXL AZZ

OFFICE USE ONLY

Fee: \$ _____ + Late Fee: \$ _____ = Total: \$ _____

Paid: _____ Form of Payment: _____

Emergency Contact:

Home Phone: _____

Cell/Work Phone: _____

How many years has your child played soccer? _____

With 1 being the least and 5 being the most, From (1-5) how active is your child? _____

If applicable circle ONE of the following nights you are unable to practice.

Monday Tuesday Thursday

Mother/Guardian: _____

Cell Phone: (____) _____

Work Phone: (____) _____

I would like to help by being a:

- Coach
- Referee
- Scorekeeper
- Coach
- Referee
- Scorekeeper

Evaluations: (coach use only)

Speed: _____

Dribble: _____

Passing: _____

Other: _____

Total Amount: _____

2009 ALL-STAR PARTICIPATION AND RELEASE OF LIABILITY AGREEMENT

PLEASE READ THE FOLLOWING TERMS AND AGREEMENT CAREFULLY. YOUR SIGNATURE BELOW INDICATES YOUR AGREEMENT WITH ALL THAT IS CONTAINED HEREIN. NOTE A RELEASE OF LIABILITY IS INCLUDED HEREIN.

CHILD'S PARTICIPATION

I, THE PARENT/LEGAL GUARDIAN OF THE CHILD NAMED ON THE REGISTRATION FORM, AUTHORIZE THE PARTICIPATION OF MY CHILD IN THE ALL-STAR SOCCER ATHLETIC PROGRAM (HEREINAFTER ALL-STAR) INCLUDING, BUT NOT LIMITED TO, PARTICIPATION IN GAMES, PRACTICES, AND OTHER EVENTS, BY SIGNING BELOW, I AM EXPRESSLY AFFIRMING THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ON THE REGISTRATION FORM AND AUTHORIZED TO SIGN A RELEASE OF LIABILITY CONCERNING THEM.

I RECOGNIZE THAT ALL-STAR IS A NOT-FOR-PROFIT PROGRAM OF SPORTS ADMINISTRATION FOR CHILDREN. I FURTHER RECOGNIZE THAT MY CHILD'S PARTICIPATION IN ALL-STAR IS COMPLETELY VOLUNTARY AND NOT REQUIRED FOR COMPLETION OF ANY SCHOOL, PROGRAM, GOVERNMENT PROGRAM, OR OTHER MANDATORY PROGRAM. I UNDERSTAND THAT ALL-STAR IS CONDUCTED PRIMARILY BY HERIN FIRST BAPTIST CHURCH AND ITS STAFF AND VOLUNTEERS, ALONG WITH PARENTS AND RELATIVES OF OTHER PARTICIPATING CHILDREN, AND VOLUNTEERS FROM THE COMMUNITY AND OTHER CHURCHES.

RELEASE OF LIABILITY

I RECOGNIZE THAT MY CHILD'S PARTICIPATION IN ATHLETIC ACTIVITIES SUCH AS THOSE ASSOCIATED WITH ALL-STAR CREATES A RISK OF INJURY AND POSSIBLY EVEN DEATH FROM A VARIETY OF CAUSES INCLUDING, BUT NOT LIMITED TO, ACCIDENTS, FALLS, COLLISIONS WITH OTHER PARTICIPATING CHILDREN, COLLISION WITH ALL-STAR EQUIPMENT, COLLISIONS WITH CHURCH EQUIPMENT OR OTHER EQUIPMENT OR THE RELEASE, COLLISIONS WITH OFFICIALS, PROLONGED STRENUOUS PHYSICAL ACTIVITY, DEHYDRATION, ILLNESS, ALLERGIC REACTION, DISINFECTION WITH OTHER PARTICIPATING CHILDREN, INJURY RELATING TO WEATHER, DEFECTS IN EQUIPMENT, DEFECTS IN PLAYING AREA, DEFECTS IN THE PREMISES, NEGLIGENCE BY COACHES, INSUFFICIENTLY BY REFERENCE, OR NEGLIGENCE BY ANY OTHER VOLUNTEER OR STAFF MEMBER OF ALL-STAR OR HERIN FIRST BAPTIST CHURCH, ON BEHALF OF MYSELF, MY CHILD, AND MY FAMILY, I HEREBY AND COMPLETELY ASSESS ALL THESE RISKS.

IN CONSIDERATION OF THE KNOWLEDGE OF MY CHILD'S PARTICIPATION IN ALL-STAR AND ON BEHALF OF MYSELF AND MY CHILD AS HERIN PARENT/LEGAL GUARDIAN, I HEREBY RELEASE FROM LIABILITY, INDEMNIFY, HOLD HARMLESS, DISCLAIM, AND CONSENT NOT TO SUE HERIN FIRST BAPTIST CHURCH, ALL-STAR SOCCER ATHLETIC PROGRAM, AND ANY AND ALL DIRECTORS, OFFICERS, DEACONS, TRUSTEES, MEMBERS, EMPLOYEES, VOLUNTEERS, NUMBERS, AGENTS AND REPRESENTATIVES ASSOCIATED WITH HERIN FIRST BAPTIST CHURCH OR ALL-STAR SOCCER ATHLETIC PROGRAM, AS WELL AS ALL OTHER PERSONS ASSOCIATED WITH ALL-STAR OR HERIN FIRST BAPTIST CHURCH OR ALL-STAR SOCCER ATHLETIC PROGRAM, ALL-STAR SPONSORS, PARENTS OF PARTICIPATING CHILDREN, VENDORS AFFILIATED WITH ALL-STAR, ALL-STAR COACHES, ALL-STAR GAME AND EVENT WORKERS, AND ALL-STAR OFFICIALS. THIS RELEASE OF LIABILITY APPLIES TO ANY AND ALL CLAIMS OF MY CHILD, MYSELF AS THE PARENT/LEGAL GUARDIAN AND OTHER FAMILY MEMBERS FOR ANY PERSONAL INJURIES SUFFERED BY MY CHILD, MYSELF, OR A FAMILY MEMBER, AS WELL AS ANY PROPERTY DAMAGE, MEDICAL EXPENSES, AND ECONOMIC LOSS ARISING EITHER DIRECTLY OR INDIRECTLY FROM MY CHILD'S INVOLVEMENT WITH ALL-STAR, ALONG WITH ANY FIRST AID OR MEDICAL CARE ADMINISTERED TO MY CHILD IN THE EVENT THERE SHOULD BECOME NEEDED. IN ALL WHILE PARTICIPATING IN ALL-STAR ACTIVITIES, AS WELL AS ANY OTHER CONSIDERED CLAIMS THAT MAY NOT BE RELEASED UNDER THE APPLICABLE LAW, THIS RELEASE OF LIABILITY SHALL BE CONSTRUED AS BROADLY, AS POSSIBLE AND ENDEAVORED TO INCLUDE ALL CLAIMS AND RIGHTS OF THE CHILD, MYSELF AS PARENT/LEGAL GUARDIAN, AND ANY OTHER FAMILY MEMBER. IF ANY PART OF THIS RELEASE OF LIABILITY IS STRICKEN OR DEEMED INVALID, THAT PART SHALL BE SEVERED AND THE REMAINDER OF THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT. THIS RELEASE OF LIABILITY SHALL BE BINDING ON ME AS PARENT/LEGAL GUARDIAN, MY CHILD, MY FAMILY, MY NEAREST OF KIN, MY LEGAL REPRESENTATIVES, MY REPRESENTATIVES, AND MY SUCCESSORS IN INTEREST. FURTHERMORE, I GIVE MY FULL PERMISSION FOR THE UNLIMITED USE OF MY CHILD'S NAME, PHOTO, AND LIKENESS BY ALL-STAR FOR ANY BROADCAST, TELECAST, WRITTEN ACCOUNT OR OTHER PURPOSE ASSOCIATED WITH ALL-STAR OR AN ALL-STAR SPONSORED EVENT, TRADE OR EXHIBIT.

MEDICAL CONDITIONS

I RECOGNIZE AND UNDERSTAND THAT PARTICIPATION IN ALL-STAR MAY INVOLVE PROLONGED AND/OR STRENUOUS PHYSICAL ACTIVITIES INCLUDING, BUT NOT LIMITED TO, RUNNING, JUMPING, AND THE THROWING OR HITTING OF A BALL. I HEREBY AFFIRM THAT THE CHILD NAMED ON THE REGISTRATION FORM IS IN STEADFAST AND PROPER HEALTHY CONDITION AND IS ABLE TO PARTICIPATE IN ALL SUCH ALL-STAR ACTIVITIES.

I FURTHER UNDERSTAND THAT HERIN FIRST BAPTIST CHURCH AND/OR ALL-STAR MAY REQUIRE DISCLOSURE OF HEALTH INFORMATION CONCERNING THE CHILD NAMED ON THE REGISTRATION FORM AND MAY EVEN REQUIRE A STATISTICAL HEALTH EXAMINATION AS A PRE-REQUISITE TO PARTICIPATION IN ALL-STAR ACTIVITIES. I RECOGNIZE THAT HERIN FIRST BAPTIST CHURCH AND ALL-STAR RESERVE THE RIGHT TO DENY ANY CHILD THE OPPORTUNITY TO PARTICIPATE IN ALL-STAR ACTIVITIES BASED ON A CONCERN ABOUT THE CHILD'S PHYSICAL OR MENTAL CONDITION. I RECOGNIZE AND AGREE THAT WHILE IT IS THE DESIRE OF EVERYONE INVOLVED THAT ALL CHILDREN BE GIVEN AN OPPORTUNITY TO PARTICIPATE, THE HEALTH AND WELFARE OF THE CHILDREN IS OF THE HIGHEST CONCERN TO HERIN FIRST BAPTIST CHURCH AND ALL-STAR, AND, THEREFORE, WILL BE DETERMINATIVE AS TO WHETHER A CHILD MAY PARTICIPATE.

MEDICAL TREATMENT

IN THE EVENT THAT MY CHILD WERE TO BE INJURED OR INJURED WHILE PARTICIPATING IN ALL-STAR ACTIVITIES AND I, THE PARENT/LEGAL GUARDIAN, WERE NOT PRESENT TO MAKE DECISIONS CONCERNING MY CHILD'S MEDICAL TREATMENT OR CARE, I HEREBY AUTHORIZE HERIN FIRST BAPTIST CHURCH AND ALL-STAR, EITHER ITS STAFF, EMPLOYEES, AGENTS, AND VOLUNTEERS TO RENDER FIRST AID AND CONSENT TO OR MY BEHALF, DEPENDENT, MEDICAL AND DENTAL CARE AND TREATMENT INCLUDING, BUT NOT LIMITED TO, ANY TESTS, RADIOLOGICAL EXAMS, HOSPITAL CARE AND SURGERY, AS WELL AS AMPUTATIONS FOR PAIN AND ANY OTHER CONDITIONS AS PRESCRIBED BY A MEDICAL PROFESSIONAL ATTENDING TO MY CHILD. I AGREE THAT I AM RESPONSIBLE FOR ANY AND ALL MEDICAL EXPENSES INCURRED IN THE CARE OF MY CHILD UNLESS THE SAME IS COVERED BY EITHER MY INSURANCE OR INSURANCE ON MY CHILD. IF ANY UNDER NO CIRCUMSTANCES WILL HERIN FIRST BAPTIST CHURCH OR ALL-STAR OR ANY OF THEIR DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, VOLUNTEERS, MEMBERS, OR DEACONS BE RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED IN THE CARE OF MY CHILD.

BY SIGNING BELOW, I AM AFFIRMING THAT ALL THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. FURTHERMORE, I AM AFFIRMING THAT I AGREE TO ALL THE STATEMENTS CONTAINED HEREIN INCLUDING, BUT NOT LIMITED TO, THE CHILD'S PARTICIPATION, RELEASE OF LIABILITY, MEDICAL CONDITIONS, AND MEDICAL TREATMENT SECTIONS. EACH RESPONSIBLE PARENT/LEGAL GUARDIAN SHOULD SIGN BELOW.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

IF ONLY ONE PARENT/LEGAL GUARDIAN SIGNS THIS FORM, THE FOLLOWING MUST BE SIGNED AS WELL.

I EXPRESSLY STATE THAT THIS FORM WAS ONLY SIGNED BY ONE PARENT/LEGAL GUARDIAN BECAUSE (a) I AM THE SOLE PARENT/LEGAL GUARDIAN RESPONSIBLE FOR THE CARE, CUSTODY, AND CONTROL OF THIS CHILD DUE TO EITHER COURT ORDER OR THE DEATH OR INCAPACITY OF THE OTHER PARENT/LEGAL GUARDIAN, OR (b) I HAVE MADE A GOOD FAITH EFFORT TO OBTAIN THE SIGNATURE OF THE OTHER PARENT/LEGAL GUARDIAN BUT HAVE BEEN UNABLE TO DO SO OF NO FAULT OF MY OWN, AND I AM NOT AWARE OF ANY REASON THAT THE OTHER PARENT/LEGAL GUARDIAN WOULD OBJECT TO THIS CHILD'S PARTICIPATION IN ALL-STAR.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____