

**FUN SPORTS**  
**Spring Sports**  
 Season 4/9 to 5/19

Please Fill out form completely

**F aith**  
**U nity**  
**N uture**

Practice sites: Circle one Please

NE Mon. Calvary Bible

SW Tue. Stonecreek JR. High

NW Thurs. Norris Elem.

Romans 10:17 ' So faith comes from hearing and hearing by the word of Christ

Check made to FUN SPORTS

Fee Coach \$50

FEE: \$60

\$60

\$60

\$60

Sport Circle one : Soccer 4-11 Flag Football 8-9 Tee ball 4 & 5 Coach Pitch 6 & 7

Circle League Age 4&5 6&7 8&9 10 & 11 Head coach fee is only \$50 for child coaching

Childs

Childs

FirstName \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of church \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

SHIRT SIZE YS YM YL AS AM AL AXL please circle( if not shirt may be given late)

Child

Print

Birth Date \_\_\_\_\_ Parent /Guardian \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Email \_\_\_\_\_

List any medical problems, allergies or prohibitions \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Please Check : Would like to Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Name \_\_\_\_\_

I would like to help a child play sports by donating : \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$ 40 \_\_\_\_\_ \$ \_\_\_\_\_

I would like to sponsor a team \_\_\_\_\_ \$150 (Form on back THANK YOU !)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the FUN SPORTS its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for the FUN SPORTS accepting the registrant for its sports programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the FUN SPORTS , its affiliated organizations and sponsors, their employees and associated personnel, including **the owners of fields and facilities utilized** for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. Fun Sports may take photo of children and use as fit by organization.

Signature of Parent or Guardian

No Refunds

No Refunds

No Refunds

Date

Office use: Team #

Date received

/ Check or Cash

amount