HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Cornerstone Family Church
2925 Canoe Creek Road - Saint Cloud, FL 34772-6504

Registration form and fee may be dropped off Monday through Thursday between 9:00 a.m. and 4:30 p.m.

REGISTRATION INFORMATION:

The early registration cost per child for **soccer** is **$100**; after **February 9**, the cost is **$110**.

Deadline for registration is February 17.
Soccer shorts are **included** at no additional cost.

EVALUATIONS:

Everyone **must** attend **one** soccer evaluation at **Cornerstone Family Church** as follows:

4-year-olds through 6th grade boys and girls
Saturday, February 2, between 10:00 a.m. and 12:00 noon
OR
Saturday, February 9, between 10:00 a.m. and 12:00 noon

Shin Guards Required - Cleats Recommended

PROGRAM SCHEDULE:

First Practice - **Thursday, February 21, 2019**
First Game - **Saturday, March 9, 2019**
Awards Celebration - **Saturday, May 4, 2019**

FOR MORE INFORMATION:

Joe Albertini: 407-892-3300

Cut here and keep

UPWARD SPORTS 2019 | UPWARD SOCCER REGISTRATION FORM

PARTICIPANT CONTACT INFO:

Last Name _____ First Name _____ MI _____

How many years has your child played organized Soccer? _____

Gender _____ Grade (18-19 school year) _____ Date of Birth ___ / ___ / ___ (Month Day Year)

Address _____

City _____ State _____ Zip _____

Home Phone ( ) _____ Parent's Cell ( ) _____

Church (If you regularly attend church, which one?) _____

Participant Information Notes (if any) _____

If applicable, circle **ONE** night your child **CANNOT** practice. **TUE** **THU**

PARENT/GUARDIAN INFORMATION:

Father/Guardian _____ **Phone ( )** _____

Email _____

I would like to assist this league by being a: ○ Coach ○ Referee ○ Team Parent

Mother/Guardian _____ **Phone ( )** _____

Email _____

I would like to assist this league by being a: ○ Coach ○ Referee ○ Team Parent

Emergency Contact _____ Daytime Phone ( ) _____ Evening Phone ( ) _____

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

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 Yd. Sprint _____ **Breakaway Dribble** _____

20 Yd. Sprint _____ **Stationary Passing** _____

Cone Weave _____ **Dynamic Shooting** _____

PAYMENT: Participant Fee : $_____

OFFICE USE ONLY

DATE [ ] **PAYMENT TYPE** [ ] **AMOUNT** [ ] **NOTE** [ ]

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 such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorizes the participation of my child in the Upward Unlimited (herein being referred to as UU) athletic program (the "Program") of the above-named Church. My child will participate in the UU sport denoted on this form. 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*, and that UU 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 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 dispute 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 UU, and all of the Church's and UU's 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 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 excepting 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 me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the Church and UU 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 UU for the sole purpose of advancing UU programs. I acknowledge and consent that registration will allow UU to obtain access to personal information regarding me and my child participant. I agree that UU may use such personal information in a manner consistent with UU's Terms of Use and Privacy Policy as amended from time to time. I further understand that the current version of UU's Terms of Use (upward.org/app/terms-of-use) and Privacy Policy (upward.org/app/privacy-policy). I further acknowledge and consent that use of such personal information may involve communication by UU directly to the parent/guardian home and email addresses

PARTICIPATION AND SAFETY

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, mental or other condition that may affect his/ her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), 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 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 volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to 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. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child.

Signature: _____

Printed Name: _____ Date: _____

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