



# FALL SPORTS REGISTRATION

Cost: \$45/athlete

Registration Deadline: July 21

No registrations will be taken after July 21. Contact the church before the deadline if you have a scheduling conflict.

## I am signing up for:

Soccer  
(4yrs-5th Grade)

Flag Football  
(K-3rd Grade)

Girls Volleyball  
(3rd-6th Grade)

(Must be 4 yrs old by 8/1)

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (if different) \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Address: \_\_\_\_\_  
(House #/Street Name/Apt #) (City) (Zip Code)

Participants Shirt Size: \_\_\_YS \_\_\_YM \_\_\_YL \_\_\_AS \_\_\_AM \_\_\_AL \_\_\_AXL

Is there any weeknight you **CANNOT** practice? \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur

Is there a certain single player or coach you would like to pair with your child? (Only parings with siblings and a parent coach are guaranteed) \_\_\_\_\_

List any medical concerns we need to be aware of \_\_\_\_\_

Can we contact you about coaching your child's team? \_\_\_ Yes \_\_\_ No

Paid with: Cash / Check      Check #: \_\_\_\_\_  
(Circle One)

Amount Paid \_\_\_\_\_

## Authorization and Release of Liability

I understand that the Dayspring Community Sports programs are a nonprofit Christian sports ministry for youth and that my child's participation is voluntary. I understand that the Dayspring Community Sports programs are conducted by Dayspring Wesleyan Church and its volunteers and staff. I understand and agree that my child's participation in athletic and other activities of the Dayspring Community Sports programs necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activities, 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 Dayspring Community Sports programs and on behalf of my child and me as a parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Dayspring Wesleyan Church, its volunteers and staff, or any other person associated with Dayspring Community Sports 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 Dayspring Community Sports programs, 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 the Dayspring Community Sports program activities, and expecting 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 give permission for free use of my child's name and pictures in photos, broadcasts, telecasts, or written accounts for any participation in a Dayspring Community Sports sponsored event.

### 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 Dayspring Community Sports activities. I understand that Dayspring Wesleyan Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If Dayspring determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in activities, Dayspring may determine that my child cannot be permitted to participate. I understand and agree that, while Dayspring desires that all children will be able to participate, such decisions may have to be made out of concern for the best interest of my child and other participants.

### Consent to Medical Treatment

In the event my child is injured or becomes ill in the Dayspring Community Sports activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize Dayspring, its staff, or volunteers, to arrange for and consent on my behalf to emergency medical and dental care treatment, including test 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 insurances applicable to my child (if any).

My signature below indicates that all information I have provided is true and accurate, and that I fully agree to all statements made on this form, including but not limited to the Authorizations and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

Participants' Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_