

Please Read Carefully – Release Must Be Signed

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

YES NO

If Yes, please state conditions: _____

If you wish to have your family doctor contacted in case of emergency:

Doctor's Name _____ Phone _____

Emergency Authorization (from other side):

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

Authorization Signature: _____

Waiver Of Liability And Disclaimer:

I/We agree to waive all liability from Freedom Church while playing and/or participating in the Kids Indoor Soccer League. I/We accept all responsibility for any injuries that may occur while on the premises to my child or children, group or members and will not hold Freedom Church liable for any lost or stolen items while on the premises.

*Signature of Parent or Guardian: _____

Player Fee: \$69.00

Please make checks payable to: Community Life Sports

OFFICE USE ONLY: Date Payment Received: _____

Check # : _____ Cash: _____ Credit Card: _____ (PayPal # _____)

Registration Amount Paid: _____ Late Fee: _____ Total: _____

Fall 2018 Kids Indoor Soccer

Boys and Girls Teams Ages 4-7



Registration Includes:

- Team Jersey
- One Practice & Game a Week
- End of the **Year Award**
- Equal Playing Time for Every Player

Community Life Sports

www.billingsfreedomchurch.org
or call 406- 652-3918

How Do I Sign Up?

Register Online, Mail or Bring Information To:

Freedom Church - Community Life Sports

550 32nd Street West - Billings, MT 59102

Forms and Registration Fee may be dropped off at the Community Life Sports office between:

8:30 am – 5:00 pm (Mon – Thurs)

(closed 12:00 – 1:00 pm for lunch)

Closed on Fridays

Register Online at:

www.billingsfreedomchurch.org/kids-indoor-soccer/

(\$3 transaction fee will apply)

Registration Information:

Registration Fee: \$69.00

Late Fee after 8/9/18 add \$20.00

Please make checks payable to:

Community Life Sports

Age Divisions:

4-5 year old Girls and 4 - 5 year old Boys

6-7 year old Girls and 6 -7 year old Boys

NO REFUNDS AFTER ORIENTATION

(Orientation will be at child's first practice)

League Schedule:

First Practice: **Beginning week of 8/28/18**

(one practice & one hour per week in the Community Life Gym at Freedom Church)

First Game: **Saturday, September 8, 2018**

Final Game: **Saturday, October 27, 2018**

Awards Ceremony: **Following Final Game**

*****8 Game Season*****

(We do not cancel games or practices)

All **Games** and **Practices** will be played at the Community Life Sports Gym.

For More Information

Call 406-652-3918

sports@billingsfreedomchurch.com

www.billingsfreedomchurch.org

Participant Registration Form

Note: information marked with a * in bold must be completed to submit registration

Last Name	First Name	MI	*Gender	*Date of Birth	Age

Address	City	State	Zip Code	Cell/Home Phone

<u>Father/Guardian Information</u>			<u>Mother/Guardian Information</u>		
Last Name	First Name	MI	Last Name	First Name	MI
Relationship		Cell/Home Phone	Relationship		Cell/Home Phone
Employer		Work Phone	Employer		Work Phone
Parents are encouraged to take an active part in the league through Coaching and Refereeing. Your participation is vital. You are the key to the success of the league.					
Father/ Guardian I can do one of the following for this player's team: Coach/Referee ____ Team Parent ____			Mother/ Guardian I can do one of the following for this player's team: Coach/Referee ____ Team Parent ____		
<u>Player Info</u> <ul style="list-style-type: none"> • Players are required to have non-marking gym shoes. • Shin-guards covered with socks. • Regular athletic shorts required (no skorts allowed). Games will be played on Saturdays. Practices will be held once a week.			<u>Emergency Contact</u> Full Name _____ Phone Number _____ Full Name _____ Phone Number _____		

Release Form On Reverse Side Must Be Signed

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