



Temple Free Will Baptist Church

1660 N. Governor Williams Hwy., Darlington, SC 29540

2018 Soccer Season is Here!

Open to boys and girls currently in grades 2k-8th grade for the 2016/2017 school year.

June 1 - Registration Deadline (there will not be any extensions)

June 2 - Evaluation Day 10 AM – 11:30 AM (drop in between these hours) - Evaluations will last approximately 30 min.

June 23 – Games begin

August 4th – Season Finale, Awards day

COST: \$45.00 per player and \$40.00 for each additional child in same household

(\$100 max per household - players must have the same address), payable to Temple Sports and is with registration.

Price includes: Jersey and trophy (parents must provide shin guards)

ANY QUESTIONS PLEASE CONTACT: Donald Gilbert – call/text 843-992-1101

PARTICIPANT'S NAME: _____ GENDER: _____ 18-19 SCHOOL YEAR GRADE: _____ AGE: _____

SHIRT SIZE: _____ (NOTE: jerseys will fit smaller than traditional t-shirts) PARENT/GUARDIAN NAME _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Any known allergies or conditions that may affect play? (asthma, diabetes, etc.) _____

I will volunteer to assist as one of the following: Coach Team parent Assistant coach Your cell # _____

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 Temple Sports program at the above-named Church. My child will participate in the sport denoted on this registration 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 Temple Sports Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I understand and agree that my child's participation in athletic and other activities of the Temple Sports Program necessarily involves the risk of injury from various causes, including but not limited to accident. On behalf of my child, me, and my family, I assume all risks. In consideration of the privilege of my child's participation in the Temple Sports 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 all of the Church'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 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 for the sole purpose of advancing Temple Sports programs.

MEDICAL CONDITIONS

I understand that participation in the Temple Sports Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Temple Sports 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 or mental condition that may affect his/her ability to safely and appropriately participate in Temple Sports Program activities, 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 Temple Sports 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, 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. Each responsible parent/guardian should sign.

***Signature: _____ *Printed name: _____ Date: _____**