

FBCNN Soccer League

Registration Form

Child's Name _____ Boy Girl

Parent/Guardian Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____ Child's Date of Birth _____ Age _____

T-Shirt Size: YXS YS YM YL

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

Emergency Contact Name and Phone Number _____

Authorization and Release of Liability

We (I), the parent(s) of _____, give our consent for the applicant to attend the FBCNN Soccer League. We will not hold First Baptist Church, Newport News liable in case of accident or illness. We further state that we (I) are the legal parent(s) or guardian of the applicant. We also give our consent for necessary medical treatment in case of emergency.

Parent Signature _____ Date _____

By submitting this application, you agree with the authorization and release of liability statements.

The registration cost is \$20 per child. Each participating child will receive a t-shirt, will be assigned to a team once evaluated, will have 10 practices of one hour each week, and will participate in a total of 8 games on Saturdays.

You will be contacted to schedule your child's evaluation and to complete the registration.

Practice will begin the week of March 24.

Games will begin on April 20.

More details will be available during the evaluation time.