



# FIRST BAPTIST ATHLETICS BOYS SOCCER REGISTRATION 2011

IMPORTANT: COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CHILD. Boys ages 5-13 years old as of August 31, 2011 are eligible to register. Registration fee is (\$90 for 1 child) (\$170 for 2) (\$240 for 3) (\$300 for 4) etc. **A late fee of \$10 per child will be charged for those who register after July 16, 2011.**

### PLEASE PRINT INFORMATION

NAME \_\_\_\_\_  
(Child's Name)

ADDRESS \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Phone (H) \_\_\_\_\_  
Dad (O) \_\_\_\_\_  
Mom (O) \_\_\_\_\_

AGE AS OF 8/31/11 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S HEIGHT \_\_\_\_\_ CHILD'S WEIGHT \_\_\_\_\_ Shirt Size: Youth: M L  
Adult: S M L XL

Has your child played organized soccer? \_\_\_\_\_ Number of years? \_\_\_\_\_ Where? \_\_\_\_\_

Would you like more information about First Baptist Church? \_\_\_\_\_

### THIS IS A VOLUNTEER PROGRAM DEPENDENT UPON PARENT PARTICIPATION

I am willing to serve as:

- 1. COACH \_\_\_\_\_ Coach Shirt Size \_\_\_\_\_
- 2. ASST. COACH \_\_\_\_\_ Asst. Coach Shirt Size \_\_\_\_\_
- 3. REFEREE \_\_\_\_\_
- 4. LINESMAN \_\_\_\_\_
- 5. CONCESSIONS \_\_\_\_\_
- 6. OFFICE/CLERICAL \_\_\_\_\_

**\*\*\* IF YOU CHECKED 1, 2, OR 3, ON THIS FORM PLEASE FILL OUT THE SCREENING FORM ON THE BACK.**

To help prepare the grounds prior to soccer season, I will attend the 2011 Field Preparation Day on **July 30, 2011**.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTICE:** The church's insurance does not cover participants in athletics activities. We assume that the parents have this coverage.  
RELEASE AND CONSENT

In consideration of First Baptist Church of Indianapolis, Inc. and First Baptist Athletics, (hereafter "First Baptist") permitting my child to participate in its athletic program, as parent(s) and /or guardians(s) of \_\_\_\_\_ I(we) consent to my(our) child's participation in First Baptist's 2011 Soccer Program and understand and agree as follows:

I recognize that the Soccer Program involves risks, known or unknown, that cannot be eliminated but which may cause injury, illness, or loss of life. Acknowledging that such risks exist, I, on behalf of myself, my minor child, and anyone else on our behalf release and discharge First Baptist, its employees and any person representing First Baptist in any capacity from any present or future claims, or causes of action whatsoever, including strict liability actions that I, my child, or anyone on our behalf might have as a result of participating in the Soccer Program or activities relating to this program or as the result of being on the premises of First Baptist even if the act or omission complained of was caused in whole or in part by the negligence in any form of First Baptist.

In the event my child becomes injured or ill during any practice or game, I(we) authorize First Baptist or any representative thereof to secure first aid and/or the services of any legally qualified physician or hospital and I(we) agree to accept responsibility for payment of any financial obligations incurred for my child.

I (we) agree to the use of photographs taken of the Soccer Program to be used in program publicity.

\_\_\_\_\_  
Father's (Guardian's) Signature/Date \_\_\_\_\_ Mother's (Guardian's) Signature/Date \_\_\_\_\_

**MEDICAL CONDITIONS & SPECIAL INSTRUCTIONS INVOLVING YOUR CHILD - INCLUDING ANY DAY OR TIME YOU CANNOT PRACTICE. PLEASE HELP US BY KEEPING OTHER REQUESTS TO A MINIMUM** \_\_\_\_\_

Please make checks payable to: First Baptist Athletics \* George W. Robinson  
Mail to: 8600 N. College Ave. \* Athletic Director  
Indianapolis, IN 46240 \* Phone Number: 844-3559

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RECEIVED: Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Rating \_\_\_\_\_

**First Baptist Athletics**  
**Volunteer Coach, Assistant Coach and Referees**  
**Soccer 2011 Screening Form**

Please Print

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(Home) \_\_\_\_\_ Phone(Work) \_\_\_\_\_

Phone(Cell) \_\_\_\_\_ **Coach Shirt Size** \_\_\_\_\_

Coach/Referee E-mail Address: \_\_\_\_\_

- 
1. Have you ever been charged with, or convicted of, a criminal offense involving child neglect or abuse or a crime involving an actual, or attempted sex crime involving a minor? (If yes, explain below.) Yes \_\_\_ No\_\_\_
  2. Have you ever been a defendant in a civil action involving an act of child abuse, neglect or a sex crime involving a minor? (If yes, explain below.) Yes \_\_\_ No\_\_\_
  3. Other than the above, is there any other fact or circumstance involving you or something in your background that would call into question your being a coach, assistant coach or an official in this program? (If yes, explain below.) Yes \_\_\_ No\_\_\_

I hereby release and hold harmless First Baptist Church of Indianapolis, First Baptist Athletics, its employees and agents from any liability resulting from a background check, including a criminal history check on me.

I affirm that my answers above are true and correct and consent by signing below to a criminal history check, including but not limited to, a check of the Sex and Violent Offender Registry. I understand it is my responsibility and duty to notify the Director of First Baptist Athletics immediately should the answers to the above questions change during the time I serve as a volunteer for First Baptist Athletics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date