

RICHMOND SPIRIT ATHLETICS SOCCER REGISTRATION FORM

Fee: _____ Ck # _____

Player's Name: _____ DOB: _____

Address: _____

Home #: _____ Cell #: _____ Age & Grade: _____

E-mail Address: _____

Please circle size preferences:

ADP Player: youthS (6-8) youthM (10-12) youthL (14-16) adultS adultM

JV/Varsity Player: Y(14-16) S M L XL Socks: 9-11 10-13

CUSTODIAL PARENT/GUARDIAN

Name: _____ Home #: _____ Cell #: _____

E-mail Address: _____ Work #: _____

Name: _____ Home #: _____ Cell #: _____

E-mail Address: _____ Work #: _____

INFORMATION AND CANCELLATIONS

You will receive information and cancellations for Spirit Soccer through e-mail and cell phone text messages. Please indicate your preference below:

General announcements and information:

E-mail addresses you wish to include (parents and players): _____

Last minute cancellations and alerts:

E-mail addresses you wish to include (parents and players): _____

Cell phone numbers **AND** cell phone provider for each number listed (i.e. Verizon): _____

Scheduling Conflicts (i.e. JSarg classes Tuesdays 3-4:30)

Please note that this is a team sport and requires a commitment to the team. Regular attendance to practices and games is expected.

**Jv/varsity players: Are you interested in participating in an indoor league at SCOR in the off season? (Jan-Feb)
yes or no**

EMERGENCY CONTACT INFORMATION

Parents/guardians are not available in an emergency, notify:

Name: _____ Home #: _____ Cell #: _____

Address: _____ Relationship: _____

PHYSICIAN/INSURANCE INFORMATION

Physician's Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Orthodontist Name: _____ Phone #: _____

MEDICAL INFORMATION

Immunizations

Tetanus current? YES NO if no, explain: _____

Please list all medications being taken at the present time.

Please list any significant health problems (illnesses, injuries, allergies, etc. past or present) that might be significant to a physician evaluating your child in case of an emergency. _____

PERMISSION, RELEASE AND AUTHORIZATION AGREEMENT

Part 1: Participation Approval

Player's Name: _____

I give my permission for the above named player to participate in ALL activities offered by Richmond Spirit Athletics Soccer. If a parent or guardian leaves a child without their supervision, Richmond Spirit Athletics Soccer will not be held responsible in any way, particularly if the child leaves the premises. During practices, games, or any other activity; the children are considered under the responsibility of their parents/guardians.

Initial To Agree To Part 1: _____

Part 2: Release and Indemnification Agreement

I/We, the undersigned parent/guardian, hereby specifically release First Baptist Church, Richmond Bible Church (Charlotte Acres), Richmond Spirit Athletics, Richmond Spirit Athletics Soccer, and Richmond Spirit Athletic Soccer team volunteers, from any and all liability for damages, losses, and expenses, (including attorneys fees), arising out of any Spirit Athletics activities including, but not limited to, practices, games, and road trips. This release is binding upon all of the undersigned's parents, representatives, guardians, heirs, executors, and administrators.

Initial To Agree To Part 2: _____

Part 3: Medical Authorization Agreement

I/We, the undersigned parent/guardian, do hereby authorize and request that the Richmond Spirit Athletics Soccer Team Volunteers seek immediate medical attention for the above named player in a medical emergency. I further authorize these volunteers to designate any Physician or Hospital to treat an emergency injury, accident or illness. I/We understand that the cost of such is the parents/guardians responsibility.

Initial To Agree To Part 3: _____

_____/_____/_____
Insurance Company Policy # Phone #

_____/_____/_____
Name of Parent/Guardian Signature Date

Print

_____/_____/_____
Name of Parent/Guardian Signature Date

Print

