

**SOCCER REGISTRATION FORM  
DUE BY February 10, 2012**

**PLAYER INFORMATION**

PLEASE PRINT LEGIBLY & FILL OUT ALL BOXES

|  |               |  |       |               |
|--|---------------|--|-------|---------------|
| ADDRESS OF PLAYER  |               | CITY   | STATE | ZIP           |
| LAST NAME  |               | FIRST NAME   | M.I.  | DATE OF BIRTH |
| <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | GRADE IN FALL | PLEASE LIST ANY MEDICAL CONDITIONS THAT WOULD LIMIT STUDENT'S ABILITY TO PLAY: |       |               |
| EMERGENCY CONTACT  |               | TELEPHONE NUMBER(S)  |       |               |
| PHYSICIAN TO NOTIFY IN CASE OF EMERGENCY                         |               | TELEPHONE NUMBER(S)  |       |               |

**PARENT/GUARDIAN INFORMATION**

Please provide contact information for at least one parent or guardian

|                                   |                       |          |                               |                               |                               |
|-----------------------------------|-----------------------|----------|-------------------------------|-------------------------------|-------------------------------|
| PARENT/GUARDIAN #1                | Relationship to child | PHONE #1 | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| ADDRESS (if different than above) |                       | PHONE #2 | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| CITY                              | STATE                 | ZIP      | EMAIL                         |                               |                               |
| PARENT/GUARDIAN #2                | Relationship to child | PHONE #1 | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| ADDRESS (if different than above) |                       | PHONE #2 | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| CITY                              | STATE                 | ZIP      | EMAIL                         |                               |                               |

**IMPORTANT!! Signature required for child to play**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the league, its affiliated organizations and sponsors. The following parent(s)/guardian(s) for their child attending Elizabethtown Christian Academy or Faith Homeschool, do/does hereby release and agree to hold harmless the coaches, assistant coaches, athletic committee members, referee(s), staff, board of directors and other school related officials for injury or damages that such child, parent(s), or guardian(s) might sustain. We all know that sports activities involve the risks of bodily contact, travel, playing court and playing field risks and hazards, just to list a few of the risks of life and activities for ourselves and for my child listed above. I/We agree to hold harmless from any liability or expense, including legal costs, medical care, pain and suffering, any type of punitive damages, the above gen-

|   |      |
|---|------|
| NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT) | DATE |
| SIGNATURE OF PARENT OR LEGAL GUARDIAN           |      |

**REGISTRATION FEES  
ALL REGISTRATIONS DUE BY**

|   |   |   |   |
|---|---|---|---|
| <b>U4</b>                               | <b>U6</b>                               | <b>U8</b>                               | <b>U10</b>                              |
| <input type="checkbox"/> \$45 per child | <input type="checkbox"/> \$55 per child | <input type="checkbox"/> \$55 per child | <input type="checkbox"/> \$65 per child |
| <b>T Shirt Size</b>                     |   |   |   |
| <input type="checkbox"/> Y X Small      | <input type="checkbox"/> Y Small        | <input type="checkbox"/> Y Med          | <input type="checkbox"/> Y Large        |
| <input type="checkbox"/> Adult Sm       |   |   |   |
| AMOUNT RECEIVED: \$ _____               |   | DATE _____                              |   |
| <input type="checkbox"/> CHECK # _____  |   | CASH _____                              |   |
| Groups by date of birth                 |   |   |   |
| U4 - 8/1/2007 to 7/31/2009              |   | U8 - 8/1/2003 to 7/31/2005              |   |
| U6 - 8/1/2005 to 7/31/2007              |   | U10 - 8/1/2001 to 7/31/2003             |   |

YOUR HELP AND PARTICIPATION ARE APPRECIATED!  
PLEASE MARK YOUR CHOICE

- COACH
- ASSISTANT COACH
- REFEREE
- TEAM PARENT

**Mail form and fees to:**  
**ECA**  
401 W Poplar St.  
Elizabethtown, KY 42701  
Please call with any questions  
(270) 234-8174 or email  
Athletics@ElizabethtownChristian.com

**PRACTICES WILL START IN EARLY MARCH.  
GAMES START MARCH 24, 2012**

HOLD HARMLESS-MEDICAL AGREEMENT  
FOR SPORTS/ATHLETIC ACTIVITIES  
ELIZEBETHTOWN CHRISTIAN ACADEMY

The following parent(s)/Guardian(s), for their child(ren), attending Elizabethtown Christian Academy and/or FAITH Home school, do/does hereby release and agree to hold harmless the coaches, assistant coaches, athletic director(s), referee(s), staff, board of directors, and other school related officials for injury or damages that such child(ren), parent(s), or guardian(s) might sustain. We all know that sports activities involve the risks of bodily contact, travel, playing court, and playing field risks and hazards, just to list a few of the risks of life and activities for ourselves and for my/our child(ren) listed below. I/We agree to hold harmless from any liability or expense, including legal costs, medical care, pain and suffering, any type of punitive damages, the above generally described school officials, regardless of their exact name and/or title. In addition, I/We authorize anyone acting in or on behalf of Elizabethtown Christian Academy to seek medical care and/or treatment for my child(ren) in case of any injury, sickness or emergency.

Date \_\_\_\_\_

Name:

Date of Birth:

Child(ren)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Parent(s)/Guardian(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I have read the attached Athletic Program Bylaws and agree to abide by them.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date