

# Trinity Baptist Church

## Fall U-6 & U-5 Soccer Registration

Trinity Baptist Church Recreation Ministry welcomes you to our youth programs where we are dedicated to providing a Christ Based recreation option for our members and the community in which we serve.

Please complete the following information so that we may assign your child to the appropriate team.

**Please Note—U-6** players must be 5 and **U-5** players must be 4 by September 1st

**Player's Information:** Name \_\_\_\_\_  
Gender M/F Age \_\_\_\_\_ Birthday \_\_\_\_\_

**Uniform Size**

|        |    |    |    |    |    |
|--------|----|----|----|----|----|
| Shirt  | YS | YM | YL | AS | AM |
| Shorts | YS | YM | YL | AS | AM |

**Parent/Guardian Info**

Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Best phone number \_\_\_\_\_

**Church Member** Y/N \_\_\_\_\_ Home Church \_\_\_\_\_

**Emergency Contact (Name/Phone)** \_\_\_\_\_

**List any medical conditions:** \_\_\_\_\_

**Players need:**

- Shin guard's
- Cleats or tennis shoes
- Size 3 ball (optional)

**Games are on Friday evenings and Saturday Mornings**  
**Coach will schedule individual team practice**

**Registration Fee \$60**  
**Return Form and Fee to Trinity Baptist Church**  
**Attn: Recreation Ministry**  
**8899 Trinity Road, Cordova, TN38018**

**Please fill out and sign the waiver on the back of this form.**

# Minor Waiver/Release

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

### READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward, being allowed to participate in any way in the \_\_\_\_\_ program and related events and activities, the undersigned acknowledges, appreciates and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline will reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Trinity Baptist Church** its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event Releasees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

DATE SIGNED: \_\_\_\_\_

### UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

DATE SIGNED: \_\_\_\_\_