

2011 6th Grade Co-Ed SOCCER REGISTRATION

Due: September 6, 2011

(Please Print)

Student: _____

Grade: _____

Parent(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ *this is our main communication*

In case of emergency *first* call: _____ Phone: _____

Call *second*: _____ Phone: _____

*Contact information we may share with fellow NCA soccer parents for car pools, team functions, announcements, etc. _____

Parental/Guardian Release and Agreement

As Parent or Legal Guardian, I authorize a qualified physician to examine the above-named student and, in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

I understand that at times my child will be riding with other adults in private vehicles to games and I authorize my child to do this.

Parent/Legal Guardian: _____ Date: _____

Student Agreement

I understand that with the privilege of playing soccer for Northshore Christian Academy, also comes the commitment to being at all practices, unless sick or prior communication with the coach. I also agree to listen, obey, and respect the coaches and officials. I will maintain my academics to the standards expected as set forth in the Middle School Handbook. I will pray for and encourage my teammates and live by example Christ-like behavior displaying good sportsmanship both on and off the soccer field.

Student: _____ Date: _____

Office Only:

Non-Refundable Registration Fee: \$125.00

Date Paid: _____ Check #: _____ Cash: _____ Receipt Given: _____

Emergency Form: _____ Doctor's Physical: _____ Notes: _____