

# HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

## Cornerstone Family Church

2925 Canoe Creek Rd  
Saint Cloud, FL 34772-6504

Registration form and fee may be dropped off Monday through Thursday between 9 am and 4:30 pm.

### REGISTRATION INFORMATION:

The early registration cost per child for soccer is \$100; after August 11, the cost is \$110.

Deadline for registration is August 19.

Soccer shorts are included at no additional cost.

### EVALUATIONS:

Everyone must attend one soccer evaluation.

They will take place at the Cornerstone Family Church as follows:

4-year-olds through 6th grade boys and girls

Saturday, August 4, between 10:00 a.m. and 12:00 noon

### OR

4-year-olds through 6th grade boys and girls

Saturday, August 11, between 10:00 a.m. and 12:00 noon

*Skin Guards Required - Cleats Recommended*

### PROGRAM SCHEDULE:

First Practice - Thursday, August 23, 2018

First Game - Saturday, September 8, 2018

Awards Celebration - Saturday, October 27, 2018

### FOR MORE INFORMATION:

Joe Albertini

407-892-3300



UPPER FLORIDA  
SPORTS

2018

UPWARD SOCCER REGISTRATION FORM

### PARTICIPANT CONTACT INFO:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ How many years has your child played organized Soccer? \_\_\_\_\_

Gender \_\_\_\_\_ Grade (8-19 school year) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Parent's Cell ( ) \_\_\_\_\_

Church (if you regularly attend church, which one?) \_\_\_\_\_

Participant Information Notes: (if any) \_\_\_\_\_

If applicable, circle ONE night your child CANNOT practice. TUE THU

### PARENT/GUARDIAN INFORMATION:

Father/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I would like to assist this league by being a:  Coach  Referee  Team Parent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I would like to assist this league by being a:  Coach  Referee  Team Parent \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

SIZEING: (COMPLETED AT EVALUATIONS ORIENTATIONS)

Soccer Jersey Size (circle one):

YXS YS YM YL YXL/LAS AM AL AXL A2X

Soccer Shorts Size (circle one):

YXS YS YM YL YXL/LAS AM AL AXL A2X

EVALUATIONS: (COACHES USE ONLY)

10 Yd. Sprint \_\_\_\_\_ Breakaway Dribble \_\_\_\_\_

20 Yd. Sprint \_\_\_\_\_ Stationary Passing \_\_\_\_\_

Cone Weave \_\_\_\_\_ Dynamic Shooting \_\_\_\_\_

PAYMENT: Participant Fee: \$ \_\_\_\_\_

OFFICE USE ONLY

DATE \_\_\_\_\_ PAYMENT TYPE \_\_\_\_\_ AMOUNT \_\_\_\_\_ NOTE \_\_\_\_\_

For a better print version of these terms and conditions please visit [www.upward.org/central.html](http://www.upward.org/central.html)

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY. Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Upward Unlimited (herein referred to as UUI) athletic program (the "Program") of the above-named Church. My child will participate in the UUI sport(s) listed on this form. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any Program, school or government agency. I understand that the Program is a recreational activity and that the Church is solely responsible for all aspects of the Program, including selection and supervision of all persons conducting the Program, and that UUI is not responsible for the Program or selecting and supervising persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks; in consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and consent not to sue, the Church and UUI, and all of the Church's and UUI's directors, officers, agents, trustees, members, employees, volunteers, staff, and other personnel, without limitation any other participating churches, schools, and other organizations, including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss, arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and accepting claims that may not be release under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that is as parent/guardian, and that other family members may have, I am a legally responsible parent or guardian of my child, if any provisions of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on my child, me, and my family, and shall be enforceable by the Church and UUI. I hereby authorize the Church and UUI to use, reproduce, distribute, disseminate, and to license others to use, reproduce, distribute, and display, my child's likeness, photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church and UUI for the sole purpose of advancing UUI programs. I acknowledge and consent that registration will allow UUI to obtain access to personal information regarding me and my child participant. I agree that UUI may use such information in a manner consistent with UUI's Terms of Use and Privacy Policy as amended from time to time. I further understand that the current version of UUI's Terms of Use (upward.org/privacy-policy) and Privacy Policy (upward.org/privacy-policy). I further acknowledge and consent that use of such personal information may involve communication by UUI directly to the parent/guardian home and email addresses

### PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other participants to participate) and/or one that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

### CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if the parent or guardian of the above-named child, and/or a priest, pastor, minister, or other church official, assistant coaches and advisers, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and diagnostic exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consent with the participation of the above-named child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ UPV053035 BRC678191