

# Registration Form - Trophy Sports Club - July 2019

## Flag Football (ages 6-14)

### Mail completed form & fee to:

Trophy Sports Club, 3323 Nordman Rd., Ann Arbor, MI 48108

**Fee:** \$20/player

Make check payable to: **"CCAA Trophy Sports"**

**Registration deadline:** 6/28/2019 (postmark date)

**For further information:** www.trophysportsclub.org  
or Dave at trophysportsclub@gmail.com, (734) 730-6000.

### SECTION 1 - FAMILY INFORMATION

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

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

Primary phn: \_\_\_\_\_ (circle 1: land or cell)

Alternate phn: \_\_\_\_\_ (circle 1: land or cell)

Primary email: \_\_\_\_\_

Alternate email: \_\_\_\_\_

Do you want both email id's on our weekly club list? Y or N

Home Church (if any): \_\_\_\_\_

Family support - are there ways you'd like to help out?  
e.g., coach, asst coach, ref/ump, setup, teardown, concessions

Dad/guardian (list area): \_\_\_\_\_

Mom/guardian (list area): \_\_\_\_\_

Sibling (list name, age & area): \_\_\_\_\_

Note that many coaches are needed in order to reduce team sizes & maximize playing time.

### SECTION 2 - PLAYER INFORMATION

#### Player 1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (M or F): \_\_\_\_ Age: \_\_\_\_ Grade this fall: \_\_\_\_

T-shirt Size (circle one):

YS YM YL YXL/AS AM AL AXL A2X

Most popular sizes (given average build):

YS (K boys, K-G1 girls) YXL/AS (G7 boys, G7-8 girls)

YM (G1-4 boys, G2-4 girls) AM (G8 boys)

YL (G5-6 boys, G5-6 girls) AXL/A2X (High school)

To help us form balanced teams, please answer the following questions (circle best answer for each question):

Experience w/ this sport: little-or-none quite-a-bit a-lot

Overall athleticism: not-very-athletic athletic very-athletic

Teammate request (if possible): \_\_\_\_\_

#### Player 2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (M or F): \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

T-shirt Size (circle one):

YS YM YL YXL/AS AM AL AXL A2X

Experience w/ this sport: little-or-none quite-a-bit a-lot

Overall athleticism: not-very-athletic athletic very-athletic

Teammate request: \_\_\_\_\_

#### Player 3:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (M or F): \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

T-shirt Size (circle one):

YS YM YL YXL/AS AM AL AXL A2X

Experience w/ this sport: little-or-none quite-a-bit a-lot

Overall athleticism: not-very-athletic athletic very-athletic

Teammate request: \_\_\_\_\_

#### Player 4:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (M or F): \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

T-shirt Size (circle one):

YS YM YL YXL/AS AM AL AXL A2X

Experience w/ this sport: little-or-none quite-a-bit a-lot

Overall athleticism: not-very-athletic athletic very-athletic

Teammate request: \_\_\_\_\_

### SECTION 3 - RELEASE STATEMENT

#### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the child(ren) listed on this/these registration form(s), authorize the participation of my child(ren) in 2019 Trophy Sports Club flag football (this "Program"). I understand that this Program is a nonprofit Christian sports ministry program for children/youth and that my child(ren)'s participation is voluntary. I further understand that my child(ren)'s participation in the athletic activities of this Program 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(ren), me, and my family, I assume these risks. In consideration of the privilege of my child(ren)'s participation in this Program, and on behalf of my child(ren) and me as parent/guardian, I do hereby release, forever discharge, and agree to hold harmless, the sponsoring church (Calvary Chapel Ann Arbor) and its officers, leaders, volunteers, and any of the other churches, organizations, or persons associated with this Program from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or my child(ren) that occur while my child(ren) is/are participating in this Program.

#### MEDICAL CONDITIONS

I understand that participation in this Program may involve strenuous and prolonged physical activity. I agree that my child(ren) is/are healthy and able to participate in this Program's activities.

#### CONSENT TO MEDICAL TREATMENT

In the event any of my child(ren) is/are injured or become(s) ill in Program activities, and if I, the parent or guardian, am not present to make medical decisions, I hereby give my permission to the sponsoring church, its leaders, and volunteers to take my child(ren) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

# of custodial parents/guardians: \_\_\_\_ (if 2, both signatures needed)

Signature 1: \_\_\_\_\_

Printed Name 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_

Printed Name 2: \_\_\_\_\_ Date: \_\_\_\_\_