

Registration Form - Trophy Sports Club - Fall 2017

Soccer (K-8th boys, K-8th girls)

Mail completed form & fee to:

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

Fee: \$30/player earlybird thru 8/14/17

\$35/player after 8/14

Make check payable to: "CCAA Trophy Sports"

Registration deadline: 9/5/17

Note that if the club fills up before the deadline, we plan to start a waiting list. If the club still has openings after the deadline, we plan to continue to accept registrations.

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: We plan to use the same shirt as for Spring 2017.

Does player have a Spring 2017 shirt (safety green)? Y or N

If not, please 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)

Note: We plan to use the same t-shirt as for Spring 2017.

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 this fall: ____

T-shirt: Does player have a Spring 2017 shirt? Y or N

If not, please 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 this fall: ____

T-shirt: Does player have a Spring 2017 shirt? Y or N

If not, please 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 this fall: ____

T-shirt: Does player have a Spring 2017 shirt? Y or N

If not, please 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 Fall 2017 Trophy Sports Club soccer (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: _____