

Hope Community Church

Son Shine Soccer Registration Form

Player Information (please print)

Name: _____

Address: _____

Health Issues: _____

Sex: M F DOB: _____ Age: _____

Phone number: _____

Email: _____

Parent Information (please print)

Father's Name: _____

Phone (H): _____

Phone (C): _____

Mother's Name: _____

Phone (H): _____

Phone (C): _____

Uniforms:

Shirt: YS YM YL AS AM AL AXL None

Samples available at the Church

Shin guards are required but not provided. Mouth guards are recommended for all players but not required. Soccer cleats are not required (just make sure they are not metal). Tennis shoes are fine.

Waiver of Liability

I consent to my child's participation in the Son Shine Soccer program at Hope Community Church. I authorize HCC and its representatives, in the event of an emergency and the absence of either parent or guardian, to obtain medical treatment and services for my child should he/she become ill or injured. I agree to pay for all such services. I certify that my child is in good health and is able to participate in the program. I agree that neither HCC nor any of its representatives shall be liable for any claim arising out of my child's participation in the program. I waive all such claims. I assume all risks of injury to person or property, which my child or I suffer in connection with the program.

Parent's signature: _____

Date: _____

VOLUNTEERS:

I would like to help the team in the following position:

- Coach (Only Church Members)
- Assistant Coach

Shirt Size: _____

Name: _____

League Use Only

Coach _____

Team Name _____

Division _____

Fee _____ Date Paid _____

Check Cash

Check Number: _____

Registration Fee: \$50.00

Please make all checks

payable to:

Hope Community Church

Mail completed form to:

Hope Community Church

3350 N. State Road 267

Brownsburg, IN 46112

(317) 852-2616