

FALL SOCCER REGISTRATION FORM 2017
(Please attach additional copies for more than one child)

Child's Age _____

Name: _____ Sex: M/F Age: _____ D.O.B.: _____ Grade: _____

Address: _____

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

Child Shirt Size (please circle): YS (6-8) YM (10-12) YL (12-14) YXL (16-18) / S M L XL XXL

Sacred Heart School Student: Y / N Sacred Heart Parish Member: Y / N

Medical Information:

Family Doctor: _____ Phone Number: _____

Drug Allergies: _____

Medical Problems (if applicable): _____

Release:

The undersigned parent or legal guardian intending to be legally bound agree:

- That the above listed child has the permission to participate in the activity and direction under Sacred Heart Parish.
-To release Sacred Heart Parish, Sacred Heart School, and their agents, coaches from any and all liability, responsibility, or obligation in the event of an accident regardless of causes by reason of any mishap, accident, or injury received by listed participant in play, practice, transportation, exhibition or related activities.
-That this release will be binding on the undersigned parent or legal guardian, participants, and their heirs executors or administrators.
-That any and all equipment used will be returned when requested.

Parent or Legal Guardian Signature:

X _____ Date: _____

(Print Name)

AUTHORIZATION FOR USE OF PHOTOGRAPH/VIDEO/IMAGE

I/We, the undersigned, hereby consent to the use of any video, photographs, slides, audio tapes, or any other recording or visual reproduction in which the above named individual may appear by Sacred Heart of Jesus Parish, and the Diocese of Allentown. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, internet promotions, electronic multi-media or billboard display.

I agree the photograph/image shall be free for use and release Sacred Heart of Jesus Parish and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use said photograph or image.

Parent or Legal Guardian Signature:

X _____ Date: _____

(Print Name)



Please initial this box **ONLY** if you **DO NOT AUTHORIZE** any video, photograph, slides, audio tapes, or any other recording of the above listed individual to appear by Sacred Heart of Jesus Parish, and the Diocese of Allentown in materials or promotion.

Registration Fee:

Soccer Fee: 1 Child - \$35.00 2 Children - \$60.00 3 or More - \$80.00

Check (made payable to Sacred Heart Parish): \$_____ (check amount) _____ (check number)

*Your registration fee will cover a jersey/shirt and a pair of matching socks. It is the **parent's / guardian's responsibility to provide shin guards, shorts, and cleats for their children.***

Completed Registration Form(s) and Fee can be dropped off at School Office, Parish Office, or included in collection at weekend Masses. Please list "CYO" on envelope.

**REGISTRATION FEES ARE NON-REFUNDABLE
REGISTRATION FORMS MUST BE SUBMITTED BY DUE DATE, **JUNE 12, 2017****

Practices start at the end of August

