

Children's Spring Soccer 2019

All fees and registration forms due by March 15th.

Games will begin April 6th and
will be played at Providence Baptist Church on Saturdays.
The season will run through the June 1st.

Cost (includes uniform): **Members** \$100 per player
Non-members: \$110 per player



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Please check the **AGE GROUP**
in which you are registering:
(Age as of March 01, 2019)

_____ Under 5

_____ Under 7

_____ Under 10

Uniform Size:

Shirt: _____

Shorts: _____

Sizes Available:

Youth XS, S, M L, Adult S

PLAYER REGISTRATION (please print legibly)

Name _____ Nickname _____

Address _____ City _____ Zip _____

Home Phone _____ Parent Email Address _____

Date of Birth _____ Age (as of 03/01/19) _____ Grade Completed _____

Allergies, if any? _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone Number _____

Providence Member? _____ Looking for a church? _____ Opt out of Providence communications? _____

Our program won't run without you! We need parent volunteers to serve as coaches. _____ I/we can coach!

****Coaches must participate in an orientation program, including a meeting regarding Providence safety and security policies.**

PLEASE NOTE: This is a Providence sponsored youth program. In allowing your child to participate, we encourage every player to attend a church activity (worship, Wednesday evening, choir, etc.) during the season.

PARENTAL RELEASE:

I (we), the undersigned parents or guardians of the player, do hereby release and discharge Providence Baptist Church and its authorized staff, coaches, representatives and agents from all liability of any kind and character upon any claim, demands, or cause of action which might be asserted on behalf of the above player against said church, staff, coaches, representatives or agents. In the event of an emergency, and I (we) cannot be located, I (we) grant permission to said staff to administer first-aid and/or transport the above mentioned player to the nearest medical facility for treatment. I also grant Providence permission to use any photos taken during the league for promotional purposes.

Parents/Guardian Printed Name: _____ Date: _____

Parents/Guardian Signature: _____ Date: _____



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