

WHY



IMPACT⁺ SPORTS

- Your child will learn the game of soccer in a safe and Christian environment.
- Registration fee for each participant covers cost for jersey, team picture, and celebration.
- Location of league is conveniently located off of Highway 1 at Willow Ridge Church.
- There will be one practice per week and one game on Saturdays. Practice night TBD (Mon, Tue, or Thur).



Every Child A Winner!

Impact Sports
is a Recreation Program of Willow Ridge Church

For more information:
803.808.7771 ext-2106
wrcimpactsports@aol.com

IMPACT⁺ on the field

- Every child will learn teamwork.
- Every child will play.
- Every child will experience fast and fun competition.
- Every child will discover self confidence.

IMPACT⁺ with your child

- Christian relationships are developed.
- Godliness is created.
- Kindness is encouraged.
- Values are valuable.
- Respect is instilled.
- Sportsmanship is ingrained.

IMPACT⁺ in the community

- Where support isn't taken for granted.
- Where everyone is invited to participate and play.
- Where lives are changed.



2012 SOCCER REGISTRATION FORM

REGISTRATION INFORMATION:

Register through the mail or at Willow Ridge Church January 29 to February 25.

Willow Ridge Church
104 Sycamore Tree Rd
Lexington SC 29073

The office is open Monday through Thursday from 9am - 4pm.

Registration cost per child is \$60.
Registration ends on 2/25/2012.

Please make checks payable to Willow Ridge Church.

AGES:

Participants must be 4-11 years old on or before March 15, 2012.

All teams are coed.

Players on all teams need to wear black shorts and shin guards, soccer cleats are recommended.

PRACTICES AND GAMES:

Practices and games will be held at the Willow Ridge Church athletic field.

SCHEDULE:

February 25: First practice and mandatory parents meeting from 9-11 AM.

March 3 & 10: Combined practice from 9-11 AM.

Week of March 12: Weeknight practices begin.

March 17: First game 9 or 10 AM.

April 9-14: Spring Break - No games or practice.

May 12: Last Game & End of Year Celebration.

PARTICIPANT INFO:

Last Name _____ First Name _____ MI _____

Date of Birth _____ Age as of March 15 _____ Gender(M/F)

Address _____ City _____ Zip _____

Primary Phone _____ Parent's Email _____
E-mail is primary means of communication.

Jersey Size (circle one): YS YM YL YXL AS AM AL AXL A2X

Player Information Notes (if any) _____

How many years has your child played organized soccer? _____

If you regularly attend church, which one? _____

Medical History:

Medical Conditions: _____

Allergies: _____

Medications: _____

PARENT / GUARDIAN INFORMATION:

Father / Guardian _____

Work Phone _____ Cell Phone _____

I would like to assist by being a: coach assistant coach team parent

My business/company would like more information about being an Impact Sports Sponsor.

Mother / Guardian _____

Work Phone _____ Cell Phone _____

I would like to assist by being a: coach assistant coach team parent

My business/company would like more information about being an Impact Sports Sponsor.

If parent(s) can't be contacted, emergency contact _____

Phone _____

PAYMENT (OFFICE USE ONLY)

Paid On: _____ Amount: _____

Payment Type: CASH CHECK (Check #: _____) Received by: _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

IN CONSIDERATION OF my child/ward, (child listed on this registration form) being allowed to participate in any way in the IMPACT SPORTS PROGRAM sponsored by Willow Ridge Church related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and, I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,

I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS IMPACT SPORTS, Willow Ridge Church, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill, and I (or parent or guardian) is not available. I authorize IMPACT SPORTS and Willow Ridge Church to arrange for and consent on my behalf to emergency medical and dental care and treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____