

Soccer Registration Form

The information requested will help us provide for your child's safety and learning during our activities.

Child's Name		
Child's Address		
City	Zip	Birthdate
<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language	Secondary Language
Grade Entering in the Fall		
Father/Guardian's Name		
Mother/Guardian's Name		
Home Phone	Cell Phone	
Emergency Contact	Phone #	
Family Doctor	Doctor Phone	
Insurance Group #	Member #	
Allergies/Medical Needs		

Race (check all that apply):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black or African American	Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Disabilities/Special Needs



Photo / Video Acknowledgement and Release Form

I understand that my child(ren)'s likeness may be photographed by CCS/Church staff in the course of all activities. We hereby **give/ do not give** (circle one) consent for SLF/Church Staff to use our child(ren)'s likeness in promotion and/or advertising materials.

Parent/Guardian Signature	Date
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Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Calvary Chapel of Salem: Soccer Festival (hereafter "the activity") from June 18, 2018 to June 29, 2018.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Calvary Chapel of Salem, its trustees, officers, directors, employees, agents and representatives from any liability for any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Calvary Chapel of Salem, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

I give my permission for the members of the church staff to seek emergency medical and surgical treatment in the event that such treatment becomes necessary. I grant my permission for treatment by a licensed physician and designees, including such hospitals or urgent care personnel as the physician may deem necessary. The minor named in this consent document may receive all treatment provided according to generally accepted standards of medical practice.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or

Parent/Guardian Signature	Printed Name
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