



SOCCER REGISTRATION / LIABILITY FORM

(Please complete both sides of this form.)



PLAYER INFORMATION

Player's Name _____ Age _____ Birthdate ____/____/____
mm/dd/yy

Address _____ Phone () _____

City _____ State _____ Zip _____

School _____ Grade entering this fall _____

Male Female Height _____ Weight _____

Shirt size (circle one) child: XS S M L XL Number of prior seasons played _____
 adult: XS S M L XL

Date of last season _____ Last Team _____ Last League _____

List any medical problem or prohibition player has. _____

In the event of an emergency, notify:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

PARENT INFORMATION

Parents' Names _____

Daytime Phone () _____ Evening Phone () _____

Other children from your family in this league:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

We ask for active participation of all parents in our program. Please check area(s) where you are willing to help.
 Please note: You must be an approved SLFC Childcare worker to volunteer. To apply to work as a Volunteer, please call the volunteer office at 636.733.8367.

- Coach Assistant Coach Referee Concession Stand

OVER >>>

WAIVER

I, the parent/guardian of the below named player, a minor, agree that the player and I will abide by the rules and regulations of the SLFC Soccer League, its affiliated organizations, and its sponsors. In consideration of the player's participation in the soccer programs and activities of the SLFC League, I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the SLFC League, the owners and operators of the facilities used for the programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the SLFC League the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the programs, provided such use is related to the player's status as a participant in the programs.

Signature _____ Date _____

Print name _____ Relationship to child _____

Child's name _____

CONSENT FOR MEDICAL TREATMENT

In case of medical emergency concerning my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to St. Louis Family Church, the West County Soccer League, and the adult in charge to secure proper treatment, including ambulance transport, hospitalization, anesthesia, surgery, or injections of medication for my son/daughter.

Date _____ Signature of parent or guardian _____

Personal Health/Accident Insurance carrier _____ Policy No. _____

3 ways to register :

- 1) Mail registration form to:
St. Louis Family Church, Attn: Soccer Registration, 17458 Chesterfield Airport Road, Chesterfield, MO 63005
- 2) Bring the completed form to the SLFC Main Office (Monday- Friday, 8:30 AM - 5:00 PM.)
- 3) Sign up in the Main Worship Center Lobby after regular services.

COST: \$95 for one child > \$170 for two children > \$210 for three children

One check may be used for the league fee for multiple children.

A separate shirt deposit check of \$50 per child is required.

One check may be used for multiple children.

All payments must be made at time of registration payable to SLFC.

Fundraising is available. Call Dan: 636.733.8309

Office Use Only

Check Cash Credit Card Amount _____