

High Power Soccer Registration Form

Online registration is available at <http://www.oaklandbc.com/events/hps>

Parent/Guardian Information

Name (Last, First): _____

Address: _____

Phone Number: _____ Home: Cell:

Phone Number: _____ Home: Cell:

E-mail Address: _____

Church Affiliation: _____

Emergency Contact: _____

Emergency Phone No.: _____

Relationship: _____

Pick-up Person: _____

Pick-up Person Phone No.: _____

Child(ren) Information

Name (Last, First): _____

Birth Date: _____ Gender: _____ T-Shirt Size: _____ (T-shirt sizes CS, YM, YL, AS)

Comments (Allergies, Diet restrictions, Medical needs, etc.) _____ Soccer Experience: Y or N

Name (Last, First): _____

Birth Date: _____ Gender: _____ T-Shirt Size: _____ (T-shirt sizes CS, YM, YL, AS)

Comments (Allergies, Diet restrictions, Medical needs, etc.) _____ Soccer Experience: Y or N

Name (Last, First): _____

Birth Date: _____ Gender: _____ T-Shirt Size: _____ (T-shirt sizes CS, YM, YL, AS)

Comments (Allergies, Diet restrictions, Medical needs, etc.) _____ Soccer Experience: Y or N

Check if back side is used to enter additional children



Medical Consent Form

Is participant covered by personal/family medical insurance? **Yes** **No**

If yes, name of insurer: _____ Policy/Group _____ Member No. _____

Physician: _____ Ph# _____

Parental Agreement/Medical Waiver:

I, (please print) _____ hereby give my child/children (please print) _____ permission to attend High Power Soccer activities at Oakland Baptist Church.

- I give permission for my child/children to receive necessary medical treatment.
- I grant permission for my child/children to be photographed or recorded during these activities. I grant and convey to Oakland Baptist Church all rights, title, and interest in any and all photographic images and video or audio recording made by the church during this event. I agree that these images, recordings or videos can be used to promote the ministry of Oakland Baptist Church.

In consideration for the opportunity to participate in the above activity, the Participant parent/guardian for minor acknowledges and accepts the risks of injury associated with participation in the activities. The Participant parent/guardian for minor accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant parent/guardian for minor promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity, whether such injury arises out of the negligence of the Sponsor or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Parent/Guardian Signature: _____ Date _____



Please mail completed registration & medical consent forms along with check made payable to:

**Oakland Baptist Church
5520 James Madison Pkwy.
King George, VA 22485**

*to register online, please visit
www.OaklandBC.com/events/hps*