

**AUTHORIZATION AND RELEASE OF LIABILITY**

**For intents and purposes of this authorization and release of liability that Rehoboth Missionary Baptist Church, Inc. is listed as "RMBC, Inc." and the Rehoboth Soccer League is listed as "Program".**

I, the parent of the child listed on this registration form, authorize the participation of my child in the RMBC, Inc. Soccer league. My child will participate in the Program denoted on this brochure. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that this Program is conducted by RMBC, Inc. and its volunteers and staff, including parents of other participating children. I understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release discharge, hold harmless and indemnify, and covenant not to sue, RMBC, Inc., it's directors, officers, elders, trustees, deacons, employees, volunteers, members, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize RMBC, Inc. to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, photograph, as well as display my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of RMBC, Inc. for the sole purpose publicity.

**Medical Conditions**

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities.

I understand that RMBC, Inc. or its representatives may request health information concerning my child, and/or ask my child to undergo a medical exam. If RMBC, Inc. determines that my child does have physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, RMBC, Inc. may determine that my child cannot be permitted to participate. I understand and agree that, while RMBC, Inc. desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

**Consent to Medical Treatment**

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the child listed on this form, am not present to make medical decisions, I hereby authorize RMBC, Inc., its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**REHOBOTH SOCCER REGISTRATION FORM**

**Contact Information (Please Print)**

**CHILD'S INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Church: \_\_\_\_\_ School: \_\_\_\_\_  
Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any allergies, medical illnesses, or special needs that RMBC, Inc. may need to know about in order to serve your child effectively?

\_\_\_\_\_

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Are you willing to coach your child? Yes No  
Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Are you willing to coach your child? Yes No

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

How did you hear about us? Flyer from school \_\_\_ newspaper ad \_\_\_ friend \_\_\_ other \_\_\_\_\_

**Rehoboth volunteers will complete the following:**

**Uniform sizes**

**Jersey Top (please circle one)**

YXS YS YM YL AS AM AL AXL

**Shorts (please circle one)**

YS YM YL AS AM AL AXL

**Socks (please circle one)**

Small Medium Large

**Evaluations**

*For coach's use only*

20 Yard Sprint: \_\_\_\_\_

Breakaway Dribble: \_\_\_\_\_

Cone Weave: \_\_\_\_\_

Dynamic Shooting: \_\_\_\_\_

*Aggression:*

*Defend:* \_\_\_\_\_

*Attack:* \_\_\_\_\_

*Win:* \_\_\_\_\_