

Southside Six-Hour Soccer Game Individual Player Registration Form

By submitting this form with a registration fee of \$20.00 (\$13 of which you can list as a taxable donation), you are signifying your intent and qualification (15 years or older) to play in the **1st Annual Southside Six-Hour Soccer Game** to be held at **Wallace Park** field in Belton, Missouri on June 4th, 2011. Game starts at 9:00 A.M. and the whistle blows to end the game at 3:00 P.M.

Players are welcome to come and go, play or not play, as they feel inclined. There will be a coach for each team who will sub participants in and out to keep play exciting, fun, and fair.

Name *(Last) (First) (MI)*: _____

Shirt Size: (S) (M) (L) (XL) (XXL) (XXXL)

Address *(Street) (Apt #)*: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____ Gender: _____

Mother's Name: _____ Day Phone: _____

Father's Name: _____ Day Phone: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

I, as the parent/guardian of a minor registrant or as the player him/herself, agree that the registrant and I will abide by the rules of HS-age soccer as stipulated by FIFA, the codes of conduct and rules of Belton Parks & Recreation and Grandview Christian School. Simply put, we're here to have fun, not to cause mental or physical pain or anguish to our fellow players, the fans on the sideline, the coaches, the referees, and the organizations sponsoring the event. Recognizing the possibility of physical injury associated with soccer and in consideration for Belton Parks & Recreation and Grandview Christian School accepting the registrant for this unique soccer event, I hereby release, discharge and/or otherwise indemnify Belton Parks & Recreation and Grandview Christian School, affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Event against any claim by or on behalf of the registrant as a result of the registrant's participation in the Event and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Signature: _____ Date: _____

Player Name (print): _____

Player Signature: _____ Date: _____

Send Check (payable to Grandview Christian School) to:

12340 Grandview Road
Grandview Missouri
64030

Office Use: Fee: _____ Cash: ____ Check #: _____ ID #: _____