

# HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

## Patterson Grove Baptist Church

301 Oak Grove Road  
Kings Mountain, NC 28086-7721

Registration form and fee may be dropped off at church office between 8:30 a.m. and 1:00 p.m. or can be brought to evaluation

### REGISTRATION INFORMATION:

The early registration cost per child for **soccer** is **\$57**;  
after **August 8**, the cost is **\$65**.  
Deadline for registration is **August 17**.

### EVALUATIONS:

Everyone **must** attend one soccer evaluation.

They will take place at the **Patterson Grove Baptist Church** as follows:

#### Boys and Girls K3-8th Grade

**Tuesday, August 1, between 6:00 p.m. and 7:00 p.m.**

**Tuesday, August 8, between 6:00 p.m. and 7:00 p.m.**

**Thursday, August 17, between 6:00 p.m. and 7:00 p.m.**

### PROGRAM SCHEDULE:

First Practice - **Monday, September 4, 2017**

First Game - **Saturday, September 23, 2017**

Awards Celebration - **Monday, November 13, 2017**

### FOR MORE INFORMATION:

**Cam Scism**

**704-739-5826 or cscismpgbc@att.net**

**Kim Davis 704-689-1477**

**Facebook: Patterson Grove Upward Sports**

**UPWARD  
SPORTS**

**2017**

**UPWARD SOCCER REGISTRATION FORM**

### PARTICIPANT CONTACT INFO:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ Grade (17-18 school year) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Parent's Cell ( ) \_\_\_\_\_

Father/Guardian Email \_\_\_\_\_

Mother/Guardian Email \_\_\_\_\_

Church (if you regularly attend church, which one?) \_\_\_\_\_

Participant Information Notes (if any) \_\_\_\_\_ How many years has your child played organized Soccer? \_\_\_\_\_

If applicable, circle **ONE** night your child **CANNOT** practice. **MON TUE THU**

### PARENT/GUARDIAN INFORMATION:

Father/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I would like to assist this league by being a:  Coach  Referee  Team Parent

Mother/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I would like to assist this league by being a:  Coach  Referee  Team Parent

Emergency Contact \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

### SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Soccer Jersey Size (circle one):  
**YXS YS YM YL YXL/AS AM AL AXL A2X**

### EVALUATIONS: (COACHES USE ONLY)

**10 Yd. Sprint** \_\_\_\_\_ **Breakaway Dribble** \_\_\_\_\_

**20 Yd. Sprint** \_\_\_\_\_ **Stationary Passing** \_\_\_\_\_

**Cone Weave** \_\_\_\_\_ **Dynamic Shooting** \_\_\_\_\_

**PAYMENT:** Participant Fee: \$ \_\_\_\_\_

OFFICE USE ONLY			
DATE	PAYMENT TYPE	AMOUNT	NOTE
_____	_____	_____	_____

Cut here and keep



For a larger print version  
[www.upward.org](http://www.upward.org)

**PLEASE READ CAREFULLY**  
**NOTE: THIS FORM IS A LEGAL DOCUMENT.**  
Please review and agree to the terms and conditions of the agreement with all participants.

**AUTHORIZATION:**  
I, the parent or guardian, authorize the participation of my child in the Upward Unlimited (the named Church). My child's participation in this Program is a voluntary activity and is not a requirement of the Church. The Church and its staff, volunteers, and staff are not responsible for any injuries, damages, or losses, including medical expenses, incurred by the child while participating in this Program. I understand that the child and/or ask me to have a physical, and appropriately participate safely) and agree to such decisions made by the participants.

**RELEASE OF LIABILITY:**  
I understand that the child and/or ask me to have a physical, and appropriately participate safely) and agree to such decisions made by the participants.

**PRIVACY:**  
I understand that the child and/or ask me to have a physical, and appropriately participate safely) and agree to such decisions made by the participants.

**PARTICIPATION:**  
I understand that the child and/or ask me to have a physical, and appropriately participate safely) and agree to such decisions made by the participants.

**CONSENT TO MEDICAL TREATMENT:**  
I understand that the child and/or ask me to have a physical, and appropriately participate safely) and agree to such decisions made by the participants.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_