

How do I participate?

Bring In or Mail Registration Form & Fee

McEachern UMC
Attn: Recreation
4075 Macland Road
Powder Springs, GA 30127

- ◇ Determine **Total Registration Fee** based on uniform items needed
- ◇ Make checks payable to **McEachern UMC**
- ◇ After **January 23**, add a late fee of **\$15**
- ◇ Final Deadline for registration is **January 30**

Form and fee may be dropped off in the secure metal box at the **Recreation Office** anytime between 6:00am and 10:00pm

Attend Evaluations

- ◇ All NEW players MUST attend one evaluation
- ◇ Evaluations for returning players are for uniform sizing only
- ◇ Evaluations will take place at McEachern UMC athletic fields as follows (please allow 20 minutes for each child's evaluation):

Saturday, January 23, 12:00-2:30 pm

Make-up Evaluations

Saturday, January 30, 12:00-2:30 pm

Play Ball!

- ◇ **Practices** begin the week of **February 22**
- ◇ **First Game - Saturday, March 6**
- ◇ **Awards Ceremony - TBA**

For More Information

(678) 567-5039

- ◇ Shaun x 5014 (shaun@McEachernUMC.org)
- ◇ Kim x 6017 (kim@McEachernUMC.org)
- ◇ Inclement Weather Hotline x 1006

<http://www.mceachernumc.org/soccer.shtml>

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GA 30127

McEachern Memorial United Methodist Church
4075 Macland Road
Powder Springs, GA 30127



McEachern Memorial
A United Methodist Church

SPRING 2010

McEachern Memorial UMC
IMPAC
SOCCER

Registration

December 14, 2009 -
January 30, 2010
Grades K4 - 9th
\$95 per player



McEachern Memorial
A United Methodist Church

Love God. Love Neighbor. Make Disciples.

*“Finally, be strong in the Lord
and in His mighty power.”*

Ephesians 6:10

Registration Form

Player Information			
Last name	First name	MI	
Address			
City	State	Zip	
Home Phone	Birthday	Gender	Grade (2009-10)
Church (If you attend, which one?)			
Notes			
Coaches Link		Carpool Link (Only One)	

Mother Information			
Last name	First name	MI	
Cell Phone			
Work Phone			
Email Address			
Employer			
I can do one of the following for the team <input type="checkbox"/> Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent			

Father Information			
Last name	First name	MI	
Cell Phone			
Work Phone			
Email Address			
Employer			
I can do one of the following for the team <input type="checkbox"/> Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent			

Player Evaluation									
How many years has your child played organized soccer?									
<input style="width: 50px; height: 20px;" type="text"/>									
Assertiveness									
Please rank your child's assertiveness									
1 being LEAST assertive and 10 being MOST assertive									
1	2	3	4	5	6	7	8	9	10

Practice Night Exclusion			
If applicable, check ONE night your child CANNOT practice			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Determine Total Registration Fee

For the Impact Soccer season, you will need one of each item listed below. If you have any of these items from the Fall 2009 Impact Soccer Season, you may use them. If you need any of these items, add the cost of the item (in parentheses) to the Base Registration Fee to determine your Total Registration Fee.

Base Registration Fee.....	\$70
Green Jersey Size (\$7)	
Sizing will be available during evaluations	
<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	\$ _____
Yellow Jersey Size (\$7)	
Sizing will be available during evaluations	
<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	\$ _____
Shorts Size (\$7)	
Sizing will be available during evaluations	
<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	\$ _____
Socks Size (\$4)	
Sizing will be available during evaluations	
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	\$ _____
Late Fee (\$15) (if after January 23, 2010)	
<input style="width: 80px; height: 20px;" type="text"/>	\$ _____
Total Registration Fee	

Payment Information (Office Use Only)		
<input style="width: 80%; height: 20px;" type="text"/> Date Paid	<input style="width: 80%; height: 20px;" type="text"/> Amount	<input style="width: 80%; height: 20px;" type="text"/> Payment Type

Evaluations/Notes (Coaches Use Only)					
<input style="width: 40px; height: 20px;" type="text"/> 10 yd sprint	<input style="width: 40px; height: 20px;" type="text"/> 20 yd sprint	<input style="width: 40px; height: 20px;" type="text"/> Shooting drill	<input style="width: 40px; height: 20px;" type="text"/> Cone weave	<input style="width: 40px; height: 20px;" type="text"/> Stationary passing	<input style="width: 40px; height: 20px;" type="text"/> Distance kick
<input style="width: 100%; height: 20px;" type="text"/> TOTAL					

DISABILITIES
Does the child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions?
<input type="checkbox"/> No <input type="checkbox"/> Yes _____

EMERGENCY AUTHORIZATION
I, the undersigned, Parent or Guardian of the named Player, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment.
In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the aforementioned Emergency Contact.
_____ Signature of Parent or Guardian
_____ Date

WAIVER OF LIABILITY, DISCLAIMER & PERMISSION
Parent or Guardian of the named <i>Player</i> , acknowledges that participation in athletic events necessarily involves risk of physical injury and even death from various causes including but not limited to: accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision, disputes with other players or players' parents, equipment and playing area defects, negligence of coaches, referees, umpires, officials, parents and volunteers. On behalf of my child, myself and my family, I assume these risks.
In consideration for accepting the registration of the named <i>Player</i> and permitting the voluntary participation of said <i>Player</i> in its programs, I hereby release, discharge and hold harmless McEachern Memorial United Methodist Church, its employees, volunteers, coaches, referees, umpires and other representatives from any claims arising out of or relating to any physical injury that may result to said <i>Player</i> while participating in any Impact Soccer sponsored event, including any physical injury by the negligence of any coach, referee, umpire, official or employee while performing his/her duties during any practices or games. This Release of Liability shall be as broadly construed as allowed by law to 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 give permission for free use of my child's name and picture in photos, broadcasts, websites, emails or any other format, whether printed or electronic, for any participation in any Impact Soccer sponsored event.
_____ Signature of Parent or Guardian
_____ Date