



Season begins soon...
SIGN UP NOW!!!!

For info call:
(386) 462-7375

**Registration Form for LIVING COVENANT CHURCH in Turkey Creek Alachua, Fl.
Meet The Coach night: Monday, March 15th, 7PM @ Clubhouse in Turkey Creek ...**

Sport(s) participating in: FLAG FOOTBALL

T-Shirt Size (circle one) ys(4-6) ym(8-10) yl(12-14) as am al axl axxl axxxl
Shorts size (circle for cheerleading only) ys(4-6) ym(8-10) yl(12-14) as am al axl

Child's Name: _____ Age: _____ Birthday _____
Parent or Caregiver's Name: _____
Street Address: _____ City/State: _____ Zip Code: _____
Home Phone Number: _____ Work/Cell Phone Number _____
Email Address: _____ Family Physician: _____
Other person to contact in case of emergency: _____ Relationship to player: _____
Emergency Contact Phone #: _____
Specific Medical Allergies, Chronic Illnesses, or other conditions _____
Date of minor's last Tetanus shot _____
Church your family is attending: _____
How many years has your child played this sport? _____
Would you be interested in helping with any of the following: score keeping, coaching, concession, refereeing, other? (please circle the area or areas you are interested in)

MEDICAL RELEASE:
In absence of an authorized parent or guardian of my child, I hereby authorize Sponsoring Church to obtain medical treatment for the above-mentioned child as a result of accident or injury while participating in Pray then Play Sports activities. This is to include any emergency first aid or medical care by any physician, hospital or attendant, which is deemed necessary by, said physician, hospital or attendant as a result of involvement in Pray then Play Sports activities.

I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child.

I/we as parent(s)/legal guardian(s) as primary carriers, do assume all costs for necessary medical treatment as needed and allowed in this authorization form. In order to simplify this process, our insurance carrier is _____ plan/policy number _____.

PHOTO RELEASE:
This document also serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated sports league for the purposes of publicity, staff training, and/or promotion.

Date: _____ Signature of Parent or Guardian: _____

Website: www.livingcovenantchurch.com email: brobrian@livingcovenantchurch.com

*****This is neither sponsored nor endorsed by the Alachua County Schoolboard *****