REGISTRATION IS ALSO AVAILABLE ONLINE: www.friendsbalt.org/indoorsoccerleague (Credit card payments only)

FRIENDS INDOOR SOCCER LEAGUE

2019 - 2020 INDOOR SOCCER REGISTRATION

ONE APPLICATION PER CHILD PLEASE!

PLAYER'S NAME:_____
(Last) **(First)**

PARENT/GUARDIAN:_____
(Last) **(First)**

ADDRESS:_____
(Street) **(City)** **(State)** **(Zip)**

HOME#:_____ **CELL/EMERGENCY #:**_____

EMAIL ADDRESS:_____
(Required – Please Print Clearly. All League Communication will be sent to this address)

BIRTH DATE:_____ **T Shirt Size:*** **(please circle)** **YS YM YL AS AM AL AXL**
****Must register by November 18 to be guaranteed a T Shirt.***

SCHOOL:_____**CURRENT GRADE:**_____**M:**____**F:**____
(check one)

SOCCER EXPERIENCE: **(please circle)** **None** **Beginner** **Intermediate**

A minimum of 30 players per league is required. Players must be the appropriate age by the start of the program.
Children may turn 14 DURING the season, as long as they are in 8th grade.

LEAGUE: *($165)* (check one)
- ☐ Quaker Cup *ages 6-7, coed*
- ☐ Charles St. Cup *ages 8-10, girls*
- ☐ Stony Run Cup *ages 8-10, boys*
- ☐ Scarlet Cup *ages 11-13, girls*
- ☐ Gray Cup *ages 11-13, boys*

CLINIC: *($110)* (check to register)
- ☐ Skill Builder Clinic *ages 4-6, coed*

PLACE ON SAME TEAM WITH *(We will try to honor your request but placement is not guaranteed. Limited to 2 requests):*

1)_____ **2)**_____

PARENT VOLUNTEERS: I volunteer to be a coach: ☐ yes ☐ no

Name & email (if different than above)_____

MEDICAL RELEASE: Are there any medical or other health factors that might affect your child's performance in the activity; or is your child taking any medication that might affect his/her safety or performance in this activity?
(check one) ☐ NO ☐ YES
By answering YES, a medical release is REQUIRED. **Please send a note from your doctor clearing your child for play. Releases may be emailed, faxed, or mailed to the AE Office. No child will be able to participate without this release.**

Cancellation Policy: *Requests for cancellations must be submitted via email to ae@friendsbalt.org. Cancellation requests received before December 1 will receive a refund less a $50 cancellation fee. Refunds are not available for requests received on or after December 1, 2019.*

WAIVER AND RELEASE *(MUST BE SIGNED AND DATED)*

1) I agree that photographs/images and/or interviews of the student/participant may be used, at the discretion of the School, in the School's publications including in print, on the School's websites and official social media outlets, and for outside print, television, and radio coverage related to the School. Participants' first and last names will not be used to identify the participant.

Please check one: ☐*Yes, I agree* ☐*No, I do not agree* (I understand that the School will make reasonable efforts to comply with my request.)

2) The undersigned has read and understands the information section of this brochure and agrees to comply with the terms and conditions listed therein.

3) In consideration for the enrollment of the above-named child in the Indoor Soccer League of Friends School of Baltimore, Inc., I, for myself and the above-named child, as parent or legal guardian of the child, hereby agree to release, waive, discharge and hold harmless Friends School of Baltimore, Inc., its officers, trustees, employees, agents, and volunteers (the School) from any and all liability to each of the undersigned, his/her successors, heirs, and assigns, for any and all claims, demands, and damages arising out of or in any way related to participation in the School's Indoor Soccer League; this waiver does not waive liability for intentional wrongful conduct by the School.

4) I agree that the school may contact me at the email address provided with program updates and future program offerings.

I hereby acknowledge that I have read and fully understand the above-mentioned facts, information, and terms of this registration form/contract. I further certify that all answers, to the best of my knowledge, are true and correct.

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____ **AMOUNT ENCLOSED: $_____ (check or money order ONLY)**