

Please Read Carefully- Release Must Be Signed
Larger font can be requested by contacting Community Life Sports.

AUTHORIZATION OF RELEASE I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by Community Life Sports and its volunteers and staff, including parents of other participating children. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, Community Life Sports, and all of Billings Freedom Church's directors, officers, trustees, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. 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 hereby authorize Community Life Sports to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of Community Life Sports for the sole purpose of advancing Community Life Sports programs.

MEDICAL CONDITIONS I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities.

CONSENT TO MEDICAL TREATMENT In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize Community Life Sports, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

Signature: _____

Name: _____

***All of our soccer games and practices are held in our indoor full sized gymnasium to keep our teams and fans out of the cold fall elements. Your child will never face the disappointment of missing a game/practice and you will never have to sit outside though harsh weather conditions in our Kids Indoor Soccer League.**

Community Life Sports

Kids Indoor Soccer Fall 2019

For Boys & Girls Ages 4-7



- **7 Weeks of Games!**
- **Equal Playing Time!**
- **Real Soccer Jerseys!**
- **End of the Year Award!**
- **No games or practices cancelled due to weather!***



How to Sign Up

Register Online, Mail, or Come to

Freedom Church/Community Life Sports
 550 32nd St. West - Billings, MT 59102
 Office Hours: 8:30 am to 5:00 pm Mon-Thurs.
 Closed for lunch noon-1:00 pm and on Fridays
 Register online at:

www.communitylifesports.org
 (\$3 transaction fee applies)

Registration Information

Registration is \$69 per child.

Deadline: Tuesday, September 3, 2019.

\$20 late fee applied to registrations received after deadline.

Please make checks payable to:

Community Life Sports

Age Divisions:

- 4-5 Year Old Girls & Boys

- 6-7 Year Old Girls & Boys

NO REFUNDS AFTER ORIENTATION

(Orientation is during the first practice).

League Schedule:

First Practices: the week of 9/2/2019

First game: Saturday, September 14, 2019

Last game: Saturday, October 26, 2019

Awards Ceremony: Following last game.

7 Game Season

All practices, games, and Award Ceremony will take place at the Community Life Sports Gym

Questions:

Call: (406)652-3918

Email: sports@billingsfreedomchurch.org

Visit: www.facebook.com/CLSBillings or

www.communitylifesports.org



Participant Registration Form

Child's Information:					
Last Name	First Name	MI	Gender	Date of Birth	Age
Address		City	State	Zip Code	Primary Phone Number
Parent/Guardian Information			Parent/Guardian Information		
Last Name	First Name	MI	Last Name	First Name	MI
Relationship	Cell Number	Relationship		Cell Number	
Email Address			Email Address		
<p>Would you consider becoming a coach for your child's team? No previous soccer or coaching experience is required. We have coaching guides for each practice, a special coach's training, and support throughout the season to help our coaches every step of the way. Total commitment is only about 2 hours per week for the season.</p>					
<p>I can do one of the following for this player's team: Coach/Ref <input type="checkbox"/> Team Parent: <input type="checkbox"/></p>			<p>I can do one of the following for this player's team: Coach/Ref <input type="checkbox"/> Team Parent: <input type="checkbox"/></p>		
Player Information			Emergency Contacts		
<p>Players are required to have:</p> <ul style="list-style-type: none"> - Non-marking gym shoes. - Shin-guards covered with socks. - Regular athletic shorts (no skorts) <p>Games will be played on Saturdays and practices are once a week for 1 hour.</p>			<p>Full Name _____ Phone Number _____</p> <p>_____</p> <p>Full Name _____ Phone Number _____</p> <p>_____</p>		
<p>Official Use Only Participant Fee: _____</p> <p>Date: _____ Payment Type: _____ Amount: _____ Note: _____ UWA</p>					

Release Form on reverse side **MUST BE SIGNED**

