



Valley Fellowship Christian Academy

3616 Holmes Avenue Huntsville, AL 35816

"Raising Godly Leaders"

256-533-5248

Sports Registration Form

Player's Name: _____
Last First Middle Initial

D.O.B. _____ Age: _____ Grade: _____ Email Address: _____

*Jersey/Shirt Size _____ *Shorts/pants Size _____ (YXS, YS, YM, YL, YXL or AS, AM, AL, AXL) *not applicable for all sports

CIRCLE ALL THAT APPLY – (Additional fees may be required for uniforms and/or specialty equipment):

ALL FEES ARE NON-REFUNDABLE

Fall Sports: Soccer*(K4-6th) - \$125 Basketball*(5th-12th) - \$125 Volleyball (5th-12th girls) - \$125
Pep Club* (7th-12th)- \$75 * Indicates Boys & Girls are eligible

Spring Sports: Track* (4th-12th) - \$75 T-ball* (K4-1st) - \$75 * Indicates Boys & Girls are eligible

Parent/Guardian: _____ Zip: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian

LIABILITY WAIVER

I, the parent or guardian of the registrant, a minor, agrees that I and the registrant will abide by the rules and regulations of Valley Fellowship Christian Academy (VFCA), the City of Huntsville Recreation Services (Recreational Soccer), the Huntsville Independent School League (HISL), Alabama Christian Athletic Association (ACAA), and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for VFCA accepting the registrant for its sports program and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify VFCA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

Parent or Guardian (Print)

Signature

Date