



WINTER VOLLEYBALL SIGN UP NOW!

Ages 8 to 18 – Boys and Girls

Sign up at:
Fellowship Church Office

MONDAY THROUGH THURSDAY
9:00AM TO 5PM

***CALL 386.454.1700
FOR MORE INFORMATION***

A \$45.00 volleyball donation includes t-shirt, trophy and end of season banquet.

“Meet The Coach” will be Monday, December 17th at 6 p.m. in the gym.

*Practices tentatively begin January 7th and
games begin late January and run thru early March*



Fellowship Church
16916 NW US Hwy 441
High Springs, FL 32643
386.454.1700
www.FellowshipOnline.org

Registration Form

Sport(s) participating in: _____

T-Shirt Size (circle one) ys ym yl as am al axl axxl axxxl

Shorts size (included in cheerleading only) (circle one) ys ym yl as am al axl

Name: _____ Age: _____ Birthday _____

Address: _____

Home Phone Number: _____ Work/Cell Phone Number _____

Email Address: _____

Other person to contact in case of an emergency: _____ Phone #: _____

Family Physician: _____

Specific Medical Allergies, Chronic Illnesses, or other conditions _____

Date of minor's last Tetanus shot _____

Church Affiliation: _____ How many years have you played this sport? _____

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 understand my child will be participating in a strenuous activity. He / she has no known medical conditions to prevent participation.

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 conference/camp for the purposes of publicity, staff training, and/or promotion.

Date: _____ **Signature of Parent or Guardian:** _____

Pray Then Play Sports is:

- ✓ \$45 per child for co-ed flag football, basketball, volleyball (ages 8-18) or soccer (ages 5-18). Includes T-shirt, trophy, end of year banquet. \$45 per child for Cheerleading, ages 4-11, also includes shorts and pom-poms.

Make checks payable to Fellowship Church