

# AIM Soccer SPRING 2018



## PLAYER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (17-18 School Yr): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Would you be willing to coach a child's team?

Yes  NO

Home Phone: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_ If yes, please print your name: \_\_\_\_\_

Primary Email Contact: \_\_\_\_\_

Church (if you attend church, which one?) \_\_\_\_\_

Other notes (if any): \_\_\_\_\_

Carpool link (only same age/grade & gender)

(Other player must also list your child as their carpool link)

How many years has your child played organized soccer? \_\_\_\_\_

If applicable, circle **ONE** night your child **CANNOT** practice: Monday Thursday

## PARENT/GUARDIAN INFORMATION:

Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I would like to assist the league by being a:  Coach  Referee  Team Parent

Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I would like to assist the league by being a:  Coach  Referee  Team Parent

## SIZING:

Soccer Jersey Size (circle one):

**YXS**    **YS**    **YM**    **YL**    **YXL/AS**    **AM**    **AL**    **AXL**    **A2X**

## PAYMENT:

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.**

**NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorizes the participation of my child in the AIM Soccer program (the "Program") of St. Matthews United Methodist Church. 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 St. Matthews United Methodist Church (the "Church") and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program. I further understand and agree that my child's participation in 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, the Church, and all of the Church's directors, officers, clergy, 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 the Church 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 the Church and AIM for the sole purpose of advancing AIM's programs. I acknowledge and consent that registration will allow AIM to obtain access to personal information regarding me and my child participant. I agree that AIM may use such personal information in a manner consistent with AIM's Conditions of Use and Privacy as amended from time to time.

### PARTICIPATION AND SAFETY

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. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

### 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 the Church, 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. Each responsible parent/guardian should sign.

Signature: \_\_\_\_\_

Printed name: Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: Date: \_\_\_\_\_

If only one parent/guardian signs this form, the following must also be signed:

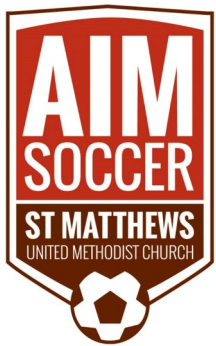
I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: \_\_\_\_\_

Printed name: Date: \_\_\_\_\_



## ATHLETES IN MINISTRY



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Organization  
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ATHLETES IN MINISTRY  
St. Matthews United Methodist Church  
319 Browns Lane at Norbourne Boulevard  
Louisville, KY 40207  
[www.stmatthewsmethodist.com](http://www.stmatthewsmethodist.com)



## HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION & FEE TO:

**St. Matthews United Methodist Church**  
319 Browns Lane,  
Louisville, KY 40207

Form and registration fee may be mailed or dropped off at the church office anytime between 8:30 AM and 4:30 PM, Monday through Friday. **Register online at [www.aimsoccer.org](http://www.aimsoccer.org)**

### REGISTRATION INFORMATION:

The early registration cost per child for soccer is \$55; after March 16, the cost is \$65.

**Deadline for registration is March 31, 2018.**

Please make checks payable to **St. Matthews UMC, AIM Soccer.** Register online at [www.aimsoccer.org](http://www.aimsoccer.org)

**Players must be between the ages of 4 years old as of March 1, 2018 and 5th grade as of FALL, 2017.**

Coach or league staff will be in touch with you the week prior to practice with team assignments. **Practices will be on MONDAY OR THURSDAY nights from 6:15-7:15 beginning April 9.** Games will primarily be on Saturday mornings starting April 21 and will be held at **St. Mark United Methodist Church—4611 Lowe Rd, 40220.** (For league calendar and game schedules go to [www.aimsoccer.org](http://www.aimsoccer.org))

**Cleats and shin guards are required for this league.**

Practices begin - **Monday, April 9**

First Game - **Saturday, April 21**

Last Game: **Week of May 24**

Awards Celebration - **Week of May 24**

FOR MORE INFORMATION:  
[aimsoccerlouisville@gmail.com](mailto:aimsoccerlouisville@gmail.com)