

*Spring Season:
4/12 to 5/22*

**F aith
U nity
N uture
S P O R T S**

Fee starting day:	3/1	4/1
Sports age :	Reg	Late

Soccer..... 4 -11.....	\$65	\$75
T-ball..... 4&5	\$70	\$80
Coach Pitch.. 6 & 7.....	\$70	\$80
Flag Football..8-11.....	\$65	\$75
Cheerleading...8-11.....	\$65	\$75
Itty Bitty Fun Sports 3 yrs	\$35	\$45

Please circle one site:
NE Mon. Calvary Bible

SW Tue. Stonecreek Middle

NW Thurs. Veteran Elem.

Parent meeting 4/10 at the Oaks Community Church

Please Circle one Sport:

Soccer T-Ball Coach Pitch Flag Football Cheerleading Itty Bitty

Circle League Age **3 yrs old 4&5 6&7 8&9 10 & 11**

Last Name _____ First Name _____ Birth Date _____

Address _____ City _____ Zip _____

Name of church _____ Sex _____ Age _____

List any medical problems, allergies or prohibitions _____

Please circle: (if not shirt may be given late) SHIRT SIZE YS YM YL AS AM AL AXL

Parent/Guardian _____ Home Phone _____

Cell Phone _____ Work Phone _____

Person to notify in emergency _____ Phone _____

Please Check : Would like to Coach _____ Asst. Coach _____ Name: _____

I would like to help a child play sports by donating : \$10 _____ \$20 _____ \$ 40 _____ \$ _____

I would like to sponsor a team _____ \$150 (we will send a form for you)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the FUN SPORTS its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for the FUN SPORTS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the FUN SPORTS , its affiliated organizations and sponsors, their employees and associated personnel, including **the owners of fields and facilities utilized** for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs. As the parent or legal guardian of the above-named player, I hereby give 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. Fun Sports may take photo of children and use as seen fit by the organization.

Signature of Parent or Guardian **No Refunds**

_____ Date _____

For more information call 378-2749 or visit Web site: [www. myfunsports.com](http://www.myfunsports.com)

Make Checks payable to: FUN SPORTS Mailing address: 11606 Trviso Ave. Bakersfield, CA 93312