

*Spring Season:  
9/13 to 10/23*

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

Fee starting day: 7/25 to 9/1  
Sports age : Reg Late

Please circle one site:  
**NE Mon. Calvary Bible**

**SW Tue. Stonecreek Middle**

**NW Thurs. Veteran Elem.**

Soccer..... 4 -11.....	\$65	\$75
Flag Football..8-11.....	\$65	\$75
Cheerleading...8-11.....	\$65	\$75
Itty Bitty Fun Sports 3 yrs	\$35	\$35

New site for NOR Salvation Park Oildale & Beardslev

Parent meeting Sept. 11 at the Oaks Community Church

Please Circle one Sport:

**Soccer 4-11yrs      Flag Football 8 &9 or 10 & 11 yrs      Cheerleading 8-11yrs  
Itty Bitty 3 yrs**

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**

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