

Check which league you will be signing up for:

- 3rd & 4th Grade Boys League starts October 25th
- 5th & 6th Grade Boys League starts October 25th
- 4th-6th Grade Girls League starts October 25th
- 1st & 2nd Grade Boys League starts January 10th
- 1st-3rd Grade Girls League starts January 10th

Registration Deadline:

- October 24th
- October 24th
- October 24th
- January 10th
- January 10th



Fee Paid: \_\_\_\_\_ \$25 for first child in family  
 \$15 for each additional child  
 \$30 if after registration deadline

Child's Name: \_\_\_\_\_ Gender: (Circle one) Male Female

Grade: (Circle one) 1st 2nd 3rd 4th 5th 6th

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at start of league: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

School Attending: \_\_\_\_\_

List any medical condition or allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Jersey Size:** Child S M L Adult S M L XL XXL **Favorite #:** \_\_\_\_\_

***Please list any special needs for travel arrangements or practice times:*** \_\_\_\_\_

Parents/Guardian Information

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

I can help in one of these areas:

- Assistant Coach
- Photographer
- Team Parent
- Score Keeper

I can help in one of these areas:

- Assistant Coach
- Photographer
- Team Parent
- Score Keeper

Emergency Person (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Permission & Release of Liability

In order for my child, \_\_\_\_\_, to participate in the sports team being sponsored by the Grinnell Christian Church (GCC), I understand that I will be responsible for any medical expenses for my dependent and waive any legal right or claim that my family might have against GCC and its staff as a result of any injury incurred by participating in such activity or travel to or from any activity. I understand and acknowledge that by signing this form I am authorizing any GCC coach or staff member, if in their sole discretion it is necessary, to administer first aid, contact my family physician for medical treatment, summon emergency medical care or to transport to a medical facility for treatment.

Participant's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_