



Registration Form for _____ Season

League _____

The Youth Society listed below desires to enter a team in the NECSL of the Northeastern Conference Youth Ministries Department.

Church/Area: _____ Team Name: _____

Your signature will validate the players listed below are approve by the local church board /Area Federation mention above and each player are in good and regular standing in one of the categories as per NECSL Rule:4 A & B

<u>Name</u>	<u>Membership Category</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____

- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____

Signature of Pastor _____ **Phone** _____

Signature of Church Clerk _____ **Phone** _____

Signature of AYS Leader _____ **Phone** _____

Signature of Coach _____ **Phone** _____

Signature of Manager _____ **Phone** _____

**** Soccer teams and Coaches are under the auspices of the Adventist Youth Society and Church Board**

**** All signatures are required to be approve**



Player Profile Sheet

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

D.O.B. _____

Player's Photograph

Team Name _____

Baptized: _____ Pathfinder club member: _____ Regular /Active Member: _____

Pastor's Signature: _____

Player's Signature: _____

Parent's or Guardian's Signature: _____

A.Y. Leader's Signature: _____

Coach's/Manager's Signature: _____

****All signatures are required to be approve**



Request for Approval to Participate in the Soccer League

Please complete ALL blanks below and sign at the bottom (person will not be permitted to participate prior to Approval by a conference Official or designated person).

PLEASE PRINT

1. Team Name: _____
2. Name: _____
3. Address: _____
4. City: _____ 5. State: _____ 6 Zip Code: _____
7. Phone: _____ 8. Fax: _____
9. Email: _____ 10. DOB: _____
11. Date of Last Medical Examination: _____
12. Are you covered by an accident / health insurance plan? (Y/N): _____
- 13 Name of Health insurance plan: _____
14. Health insurance plan number: _____

The undersigned REQUEST APPROVAL TO PARTICIPATE in the following events on the date(s) as indicated:

15. NECSL Season – Date: _____

In consideration for approval of this request, I (we) hereby agree to participate voluntarily at my own risk in the above event(s) and I (we) release and forever will hold harmless the northeastern Conference Corporation of Seventh day Adventists (sponsor) its officers, employees, volunteers, agents, successors and/or its assigns for all acts of negligence and/or omissions in any liability claims, court cost and/or attorneys' fees arising as a result of the above event(s), including injury or loss of life. I will participate ONLY when I am in good physical health and I will obey and Observe all safety rules and procedures and the instructions of the officials of the event(s) at all times. I will report all injuries to the officials immediately or before I leave the event location, when possible.

16. _____ Date: _____
Signature of Applicant
17. _____ Date: _____
Signature of Parent (if applicant is under 18 years old)
18. _____ Date: _____
Signature of Witness



Consent to Treatment and Authorization to Release Information

We, the undersigned parents or guardian of _____, a
Name of Player or Member
 minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or
 treatment and hospital service that may be rendered to said minor under the general or special
 instructions of _____, M.D., or any physician the organization may
Name of Physician
 Call whether such diagnosis or treatment is rendered at the office of said physician or at a licensed
 hospital. It is understood that reasonable effort will be made to contact the doctor listed above before
 any other physician is called by the school or other organization. It is further understood that this
 consent is given in advance of any specific diagnosis or treatment that might be required and is given
 to authorize _____ or the physician to exercise their best
Name of Organization into whose custody minor is entrusted
 judgment as to the requirements of such diagnosis or treatment. This consent shall remain in
 continuous effect until revoked in writing and delivered to the physician named above or to the school
 or organization entrusted with the custody of said minor. We hereby authorize any, hospital physician,
 or other person who has attended or examined the minor to furnish the General Conference
 insurance service, or its representative, any and all information with respect to any illness, medical
 history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo
 static copy of this authorization shall be considered as effective and valid as the original.

Date _____ Father _____ Mother _____

Legal Guardian _____ Witness _____



Supplemental Form

In consideration for approval of this request; after registration deadline, I hereby agree to participate voluntarily at my own risk, Northeastern Conference of Seventh Day Adventists (sponsor) its officers, employees, volunteers; agents are not liable for any medical expense due to injuries incurred during games/practices for the Northeastern Conference Youth Ministries Soccer League.

Player's Photograph

Team Name: _____

Player's Signature: _____

Parent's or Guardian's Signature: _____

A.Y. Leader's Signature: _____

Pastor's/Elder's Signature: _____

Coach's/Manager's Signature: _____

****All signatures are required to be approve**