

E -SOCCER REGISTRATION FORM

PLAYER INFORMATION* (One registration form per child)

Last First

Gender M / F Age

Name/s of additional children enrolled in E-Soccer:

Shirt Size (please circle)
Youth/Adult XS S M L XL

Registration Fee**
Please circle one \$15 First Child \$10 Add'l child

**Participation is on a first come first serve basis and space is very limited for this program.*

Last day to register is February 28 or until space is filled, whichever occurs first. **Makes checks payable to GCC E-Soccer Guam

Parent/Guardian Name

Parent/Guardian Phone Alt phone

Parent/Guardian Email

Admin Use
Amt Rec'd: <input type="text"/>
Rec'd by: <input type="text"/>

Emergency Contact (must be 18 or older)

Relation Phone

QUESTIONNAIRE

Please answer the following questions as they apply to your child or children. If more than one child will be participating in the E-Soccer Program, complete the information on each. If more space is needed, please include an attachment. All information below is held strictly confidential, is not stored electronically and is used solely for the purpose of child placement in the E-Soccer Program.

Has your child participated in group sports before? Y / N

Does your child have a "special need" or a medical diagnosis (e.g. allergies, asthma, hemophilia, heart condition, history of respiratory illness or other significant medical condition, etc) related to their ability to participate in a sports program that the E-Soccer officials should be aware of?

Y / N If yes, describe and provide clearance from a doctor _____

Please select any of the following conditions that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> High functioning Autism or Aspergers Syndrom or PDD/NOS | <input type="checkbox"/> Other |
| <input type="checkbox"/> Moderate to severe Autism | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Down Syndrome or other developmental disability | |

Please indicate the level of one on one instruction you feel your child will need to successfully participate in the E-Soccer program

- 0-25% (Child can follow direction of coach with little or no individual assistance)
- 25-50% (Child is fairly independent in following instructions but may need some extra assistance. For example, has difficulty with transitions or needs help with balance at times)
- 50-75% (child needs a coach directly assisting or monitoring them over half of the time)
- 75-100% (Child needs either a coach directly assisting or monitoring them all of the time)

Please check the top 3 most important goals for your child's participation in the E-Soccer Program

- Inclusion/social interaction
- Balance and coordination
- Strength and endurance
- Gain skills for play in regulation competitive soccer games
- Effort, determination and perseverance
- Empathy, acceptance, kindness
- Selflessness
- Leadership development/Train to become a junior coach
- Other _____



HOW TO REGISTER:

Registration begins January 15 thru February 28. Registration and payment may be dropped off at One Stop Auto Care in Harmon (next to the Shell Gas station) Monday-Saturday between 8-5. For additional information, contact Brian at 482-0577 or email esocerguam@gmail.com



RELEASE OF LIABILITY

I understand that participation in the in the E-Soccer Program of the Guam Christian Church maybe hazardous to the participant. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the E-Soccer Program of the Guam Christian church.

I hereby waive all claims, and release, discharge, agree to hold harmless and indemnify the E-Soccer Program of the Guam Christian Church, its board of directors, officers, employees, volunteers, officials, sponsors and other representatives from any and all actions, claims, costs and expenses and demands of every kind and description, including, but not limited to personal injury, property damage and death, based on negligence, contract claim or legal theory, arising out of the minor's participation in E-Soccer Program activities and events.

Additionally, I consent and give permission to the E-Soccer Program of the Guam Christian Church, its representatives, officials, coaches, agents, employees, sponsors, to insert pictures or video of myself or my child on our website and other promotional material describing, advertising or promoting the E-Soccer program. In consenting to such uses I hereby waive the right to inspect and approve the images and information used, as well as all rights to compensation.

I also give my consent for the E-Soccer Program of the Guam Christian Church to act as my agent(s) in obtaining medical, dental or surgical attention and/or treatment for participant , should such attention or treatment become necessary and appropriate under the circumstances, as a result of the minor's participation in E-Soccer Program activities or events. In granting this permission, I understand that any expenses incurred by or on behalf of the participant for such treatment and/or attention are my sole responsibility .

Signature of player or parent/guardian (if minor)

Date

Print name