



# First Baptist Nesbit

WE ARE NESBIT. WE ARE FAMILY.

FBC Nesbit Recreation Ministry

## Spring 2017 Soccer League

### Recreation Ministry Contacts:

Todd Thompson, Committee Chair (662)298-9232  
Elizabeth Thompson, Director of Children's Ministry (662)298-9231  
1645 Hwy. 51 N, Nesbit, MS 38651 ♦ (662)429-5319  
E-mail: fbcnesbitrecreation@gmail.com

facebook.com/firstbaptistnesbitsports

Website: fbcnesbit.org

### For Office Use Only

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Amt. Received \_\_\_\_\_

☐ Cash ☐ Check

Check # \_\_\_\_\_

PLAYER INFORMATION 3 YEARS - 12TH GRADE (*must be 3 yrs. by Sept. 1, 2016*)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

RELEVANT MEDICAL CONDITIONS \_\_\_\_\_

HOME CHURCH \_\_\_\_\_

### PARENT/RESPONSIBLE ADULT INFORMATION

NAME/RELATIONSHIP \_\_\_\_\_

NAME/RELATIONSHIP \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Phone (PRIMARY) \_\_\_\_\_

(SECONDARY) \_\_\_\_\_

E-MAIL (checked regularly) \_\_\_\_\_

Willing to be a COACH or ASSISTANT COACH? \_\_\_\_\_

### PERMISSION TO PLAY & WAIVER OF LIABILITY (MUST BE SIGNED TO REGISTER)

I, parent/guardian of the above-named child, acknowledge that participation in athletic activities involves risk of physical injury. I further acknowledge that FBC Nesbit programs are primarily administered by parent volunteers rather than paid professionals. In consideration of registration acceptance and permission for voluntary participation by this child, I hereby release, discharge, and hold harmless FBCN, its employees & volunteers, from any claims arising from/relating to any injury resulting from participation in league events.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

DOB: \_\_\_\_\_

GENDER (circle) M F

CURRENT GRADE \_\_\_\_\_

CURRENT AGE \_\_\_\_\_

How many years have you played soccer? \_\_\_\_\_

### UNIFORM SIZE

JERSEY (circle one)

YOUTH: XS SM MED LGE

ADULT: SM MED LGE XL

SHORT (circle one)

YOUTH: XS SM MED LGE

ADULT: SM MED LGE XL

### PRACTICE DAY

PRACTICE DAYS:

MON -- TUES -- THURS

PREFERRED DAY: \_\_\_\_\_

ALTERNATE DAY: \_\_\_\_\_

REGISTERED SIBLING NAMES:  
(list their name and age)

### REGISTRATION INFORMATION AND FEES

\$65 PER PLAYER or \$60 PER PLAYER WITH SIBLINGS

INCLUDES UNIFORM & END OF SEASON RECOGNITION

**\*\* SHIN GUARDS ARE REQUIRED AND MUST BE PROVIDED BY PLAYER \*\***

**FORM with PAYMENT IS DUE SATURDAY, FEB. 18, AT NOON**

**PAYMENT METHODS: CASH OR CHECK (PAYABLE TO FBCN REC. MINISTRY)**

**Or pay online at fbcnesbit.org (under "Giving"; option: Recreation)**

**\*\* CANCELLATIONS WITH REFUND MUST BE PRIOR TO UNIFORM ORDER. \*\***

RETURN FORMS DURING CHURCH OFFICE HOURS - Monday - Friday, 9 am - 2 pm, BY MAIL,  
OR USE THE REC. MINISTRY DROPBOX OUTSIDE CHURCH OFFICE.

### IMPORTANT DATES TO REMEMBER

**Registration Closes:**

**Saturday, February 18, noon**

**Tentative Dates:**

**Practice begins week of March 6**

**First Game Date: April 1**