



First Baptist Nesbit

WE ARE NESBIT. WE ARE FAMILY.

FBC Nesbit Recreation Ministry

Recreation Ministry Contacts:

Todd Thompson, Committee Chair (662)298-9232
Elizabeth Thompson, Director of Children's Ministry (662)298-9231
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facebook.com/firstbaptistnesbitsports Website: fbcnesbit.org

Fall 2017 Soccer League

For Office Use Only

Date Received _____
Received by _____
Amt. Received _____
 Cash Check
 Direct Deposit
Check # _____

DOB: _____

GENDER (circle) M F
CURRENT GRADE _____
CURRENT AGE _____
How many years have you played soccer? _____

PLAYER INFORMATION 3 YEARS - 12TH GRADE (must be 3 yrs. by Jan. 1, 2017)

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? _____

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

SOCKS (circle one)

YOUTH: XS SM
INTERMEDIATE: Y-MED Y-LGE
ADULT: SM MED LGE XL
(use short size for sock size)

PRACTICE DAY

PRACTICE DAYS:
MON -- TUES -- THURS
PREFERRED DAY: _____

ALTERNATE DAY: _____

REGISTERED SIBLING NAMES:
(list their name and age)

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

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, AUGUST 5, 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 - Thursday, 8:30 - 3 pm, BY MAIL,
OR USE THE REC. MINISTRY DROPBOX OUTSIDE CHURCH OFFICE.

IMPORTANT DATES TO REMEMBER

Registration Closes:

Saturday, August 5, noon

Tentative Dates:

Practice begins week of Sept. 4

First Game Date: Sept. 23