



DOING
THE MOST
GOOD™

William Booth, *Founder*
 Brian Peddle, *General*
 Commissioner Willis Howell, *Territorial Commander*
 Major Stephen Morris, *Divisional Commander*
 Majors Robert and Karen Lyle, *Corps Officers*
 Lieutenant Julinda Davis, *Assistant Corps Officer*

DEVELOPMENTAL SPORTS PROGRAM REGISTRATION FORM

Spring 2019

Mondays, March 25, 2019-May 20, 2019

\$ 75 for Entire 9 Wks

****A copy of participant's birth certificate must be turned in with this form and must be at least 6yrs of age and not exceed 14yrs of age.**

Participant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's DOB: _____ Participant's Age: _____ Gender: Male Female
 T-Shirt Size (circle one): Youth: S M L Adult: S M L XL XXL

School Attended: _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email: _____

Emergency Contact Person(s) other than Parent/Guardian

Name: _____ Phone Number: _____

PICK UP AUTHORIZATION FORM

We are required by our licensing agency to have a list of all people who have permission to pick up your children from the Developmental Sports Program. Please list below all people who might be picking up your child including their phone numbers. This list will be kept in your child's file and can be updated at any time.

My child has permission to be picked up by the following people:

Name	Relationship	Phone

Name	Relationship	Phone

Is there anyone to whom your child may NOT be released? [] Yes [] No

If yes, please list below



**DOING
THE MOST
GOOD™**

William Booth, *Founder*
 Brian Peddle, *General*
 Commissioner Willis Howell, *Territorial Commander*
 Major Stephen Morris, *Divisional Commander*
 Majors Robert and Karen Lyle, *Corps Officers*
 Lieutenant Julinda Davis, *Assistant Corps Officer*

MEDICAL RELEASE AUTHORIZATION AND CONSENT FOR TREATMENT OF CHILD

As parent or legal guardian of _____, I hereby authorize and give my consent for any medical emergency treatment of my son/daughter or child I am guardian of (listed above) should it be deemed necessary by a qualified medical doctor. In the event I cannot be contacted, I give The Salvation Army or Program Staff the authorization to act on my behalf should a medical emergency arise while participating in the Developmental Sports Program.

GENERAL RELEASE OF LIABILITY

In consideration for being allowed participant privileges in any program of the Center for Worship and Service I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless The Salvation Army Center for Worship and Service and their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of The Salvation Army Corps Community Center and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

MEDIA RELEASE

I hereby consent to the use of my name, likeness and speech in any audio tape, video tape, film or photograph made in any Center for Worship and Service activity for the business or publicity purposes of the Center for Worship and Service and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release The Salvation Army Center for Worship and Service and its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE:

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Submit this completed and signed form along with a copy of participant's birth certificate and \$75 registration fee in the form of a check or money order to: *The Salvation Army, 570 E. Beasley Road, Jackson, MS 39206. Please note: WE DO NOT ACCEPT CASH PAYMENTS. All Payments Are Final, No Refunds for Missed Classes*

FOR OFFICE USE ONLY

Payment Amount: _____ Payment Method: _____ Check _____ Money Order

Staff Signature: _____ Date: _____



DOING
THE MOST
GOOD™

William Booth, *Founder*
Brian Peddle, *General*
Commissioner Willis Howell, *Territorial Commander*
Major Stephen Morris, *Divisional Commander*
Majors Robert and Karen Lyle, *Corps Officers*
Lieutenant Julinda Davis, *Assistant Corps Officer*