KWSC PLAYER APPLICATION

PLAYER'S NAME:_____
MAILING ADDRESS:_____
CITY, STATE, ZIP:_____
BIRTHDATE:____/____/_____
AGE:_____**GRADE:**_____**GENDER:**_____
CELL PHONE:(____) _____ - _____
HOME PHONE:(____) _____ - _____
EMAIL: _____

PREFERRED METHOD OF CONTACT (Circle One):

1.) Home Phone
2.) Cell Phone (Circle one below):
Call or Text

UNIFORM INFO FOR VARISTY & JV TEAMS:

Jersey Size:	YXS	YS	YM	YL	YXL
	AS	AM	AL	AXL	
Short Size:	YXS	YS	YM	YL	YXL
	AS	AM	AL	AXL	

Top four number choices ranks 1st-4th: __ __ __ __

Player Fee (Select Based on Season):

$35/Varsity Fall & Spring **OR**
$25/KWYDL Fall & Spring Fee **OR**
KW Futsal Fee - See flyer
(Checks payable to "The Nehemiah Group, Inc.", or simply "TNG.")

(**NOTE: If cash is paid APART from a registration form you MUST message Jonathan of the payment or it may NOT be credited towards your account!**)

For Office Use:

FALL: Cash _____ Check #_____ WINTER: Cash _____ Check #_____ SPRING: Cash _____ Check #_____

KING'S WARRIORS SOCCER CLUB (KWSC) LIABILITY AND MEDICAL RELEASE – PARENT OR GUARDIAN

Realizing that the above youth may require emergency medical attention while attending/participating in the activities of the team, I hereby authorize all appointed responsible adult leaders of the King's Warriors to use his/her best judgment, and take such action as to best protect the health and safety of the above named participant during the 2025-2026 season (July 29th, 2025 – July 31st, 2026).

I, or any representative for myself or my child, will not hold **Countryside Baptist Church**, its pastor, board, staff, members, volunteers, participants, and any other assigns, or **The Nehemiah Group, Inc.**, its board, staff, members, volunteers, participants, and any other assigns, **The Southern West Virginia King's Warriors**, its board, staff, members, volunteers, participants, or **any sponsors**, corporations, owners, officers and employees, and any other assigns responsible for any accident, illness, or injury. I hereby release those named from any liability whatsoever.

My child is in reasonably good health and I understand that there is a certain amount of risk in participating in sports and strenuous activity, and I am willing to allow my child to participate fully in this sport and with this team.

I HAVE READ, FULLY UNDERSTOOD, AND DO AGREE TO ALL OF THE ABOVE.

_____ _____/_____/_____
(Parent/Guardian's Signature) **(Date)**

KWSC RULES COMPLIANCE - PLAYER

I understand and agree with the goals of the club, and agree to abide by the rules of KWSC and respect all coaches, leaders, referees, players, and spectators involved in the activities of this club.

I HAVE READ, FULLY UNDERSTOOD, AND DO AGREE TO ALL OF THE ABOVE.

_____ _____/_____/_____
(Parent/Guardian's Signature) **(Date)**

KWSC RULES COMPLIANCE – PARENT OR GUARDIAN

I understand and agree with the goals of the club. I agree to support my child as he/she participates in KWSC. I agree to encourage him/her to abide by the rules of KWSC. I agree to encourage him/her to respect all coaches, leaders, referees, players, and spectators involved in the activities of this club.

I hereby authorize all appointed responsible adult leaders of the King's Warriors to use his/her best judgment, and to take such action to best protect and promote the character and skills of the above named participant during the 2025-2026 season (July 29th, 2025 – July 31st, 2026).

I HAVE READ, FULLY UNDERSTOOD, AND DO AGREE TO ALL OF THE ABOVE.

_____ _____/_____/_____

(Parent/Guardian's Signature) **(Date)**

KWSC MEDIA RELEASE

I hereby grant to Countryside Baptist Church, The Southern West Virginia King's Warriors, and The Nehemiah Group, Inc., its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for advertising purposes, the participant's name, pictures of the participant, as well as video recordings, and printed and electronic copy of the information described above in any and all media including and without limitation to, internet, promotion, advertising, and in brochures and other electronic and print media with full rights of ownership to all forms of media and no form of payment required.

This permission shall be ongoing unless I revoke the permission in writing.

I HAVE READ, FULLY UNDERSTOOD, AND DO AGREE TO ALL OF THE ABOVE.

_____ _____/_____/_____

(Parent/Guardian's Signature) **(Date)**

1.) Printed Adult's Name _____**Relationship to Participant**_____

Adult's Phone Number(_____) _____ - _____

2.) If you attend church, what church do you attend? _____**Pastor** _____

2.) What school (including homeschooled) does the participant attend? _____

3.) Does the participant have current medical insurance? (Circle One): YES NO

Insurance Provider:_____ **Insurance Policy Number:**_____

4.) Emergency Contact ("EC") _____

EC's Home or Cell Phone _____**EC's Work Phone** _____

Player's Allergies _____

Player's Medicines_____

*For all fees and donations please make checks payable to: "**The Nehemiah Group, Inc."***