

# SOAR Sports. . .

- *Teaching* your child the necessary skills to advance to the next level of play.
- *Helping* your child grow as an individual and develop a healthy self-concept.
- *Encouraging* your child to do his/her best always.
- *Providing* a safe environment for your child to play, participate on a team and make new friends.
- *Sharing* the Love of Christ with you and your family..

*“Very good experience for all skill levels. Very warm & welcoming environment.”*

*“Wonderful Christian environment where you play for fun and learn about Christ. No pressure - we love it!*

*2009 Parent surveys*

## To keep sports fun for your child:

- Emphasize skill development, not winning.
- Maintain realistic expectations.
- Stay positive. Avoid criticizing your child’s play.
- Keep in mind that if sports become work, they’re no longer fun.



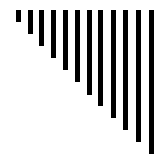
### Important Youth Basketball & Cheer Dates

☺ Registration	Sat., September 11 <sup>th</sup>	10:30am - 12pm
☺ Orientation	Mon., September 13 <sup>th</sup>	7:00pm
☺ BBall Skills Clinic	Sat., September 25 <sup>th</sup>	tbd
☺ Finale	Sat., November 20 <sup>th</sup>	tbd



### 2010 SOAR Sports Registration Dates

January 9th	Youth Volleyball
March 27th	Youth Soccer
June 14th - 18th	Summer Sports Camp
June 19th	Youth Baseball / Softball
September 11th	Youth Basketball / Cheerleading



Sports Outreach And Recreation

# Youth Basketball and Cheerleading

## Saturday, Sept. 11<sup>th</sup>

*Building Relationships Through Sports to Share the Love of Jesus Christ*



Phone: 704-263-4275

[www.fpcstanley.org](http://www.fpcstanley.org)

Email us [fpcstanleync@carolina.rr.com](mailto:fpcstanleync@carolina.rr.com)



# SOAR

## Youth Basketball & Cheerleading

### BOYS AND GIRLS

(Indicate League Below)

- Basketball Div 1 (ages 6 - 9)**
- Basketball Div II (ages 10 - 14)**
- Cheer (ages 6 - 12)**

**September 11, 2010**  
**10:30am - 12pm**  
**First Presbyterian Gym**

#### Registration Information

- Complete this form and bring to the First Presbyterian gym on September 11th, 10:30am - 12:00pm.
- If unable to attend Registration, have someone bring this form on Registration Day.
- Players should attend Registration Day for skills evaluation (wear appropriate attire).
- Registration fee is \$40 (Basketball) and \$40 (Cheer).
- Scholarships available - speak with one of these SOAR leaders:  
 Grover Rodgers, Basketball Chairman  
 Melodie Garrison, Cheerleading Chairman  
 Debbie Harper, SOAR Coordinator
- Players should be 6 years old on Registration Day
- We regret that we're unable to accept late registrations.
- League is filled on a first-come, first-served basis.

***Come early! Space is Limited!***

### Registration Form

Master List # \_\_\_\_\_

First Name _____	MI _____	Last Name _____	M / F _____
Child's Preferred Name _____	School Grade _____		Yrs. Of Experience _____
Address _____			
City _____	State _____	Zip _____	
Birth date _____	Age _____	Height (inches) _____	
Home Phone _____	Cell Phone _____		
Father's Name _____	Mother's Name _____		
Parent's Email _____			
Church (if you regularly attend church, which one?) _____			

Please indicate your child's SHIRT size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL			
Please indicate your child's SKORT size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <i>*Cheer Only</i>			
How did you hear about SOAR sports? <input type="checkbox"/> Played Before <input type="checkbox"/> Banners in town <input type="checkbox"/> Flyers at school <input type="checkbox"/> Family / Friends <input type="checkbox"/> Email <input type="checkbox"/> Other			
Has your child participated in the SOAR Sports program before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to do the following for your child's team: <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent			
Would you like to receive information regarding the youth program at FPC:		<input type="checkbox"/> Yes	<input type="checkbox"/> Not at this time
List medical conditions that may impact your child's ability to play this sport:			
Additional Comments:			

### Authorization & Liability Release

I/we, the undersigned parent(s) or guardian(s) of the above named child, hereby give approval for his/her participation in any and all of the activities of the Youth Sports Ministry of First Presbyterian Church during the current season. I/we hereby assume all risks and hazards incidental to the conduct of these activities and transportation to and from these activities. I/we do further hereby release, absolve, indemnify and hold harmless First Presbyterian Church, its coaches, officials and supervisors from any and all injury, loss or other damage to us or the above named player arising out of the activities of the First Presbyterian Youth Sports Ministry. In case of injury to our son or daughter, I/we hereby waive all claims against the First Presbyterian Church, and any of the organizers, coaches, officials or other personnel appointed by them. I/we likewise release from responsibility any person transporting our son or daughter to and from activities. I/we understand and agree that our own personal accident and hospital insurance coverage is the primary insurer in the event of accident or injury. Furthermore, I/we are of the opinion that our son/daughter is physically fit for participation in the activities of First Presbyterian Youth Sports Ministry.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_