



Summer 2008 Flag Football & Cheerleading

SOAR Flag Football and Cheerleading is for...

Any child, ages 7 - 18 that enjoys encouragement, positive role models, making friends, learning about the sport of football, and having *FUN!*

Schedule of Events

(Retain the following schedule and keep for future reference.)

Now-June 13, 2008***

Registration. League cost \$65.00

Monday, June 23, 2008

First week of practices

Saturday, June 28, 2008

All games begin—schedules TBA. Final game Saturday, August 16



**Flag Football led by
Chris Arnault, Offensive Line
coach at Irmo High School.**

**NEW TO SOAR THIS SEASON....
CHEERLEADING!!!
Led by Samantha Luthringer...
years of experience!**



Visit our web site at: ww.soarleagues.com
If you have any questions, call 772-1000
or e-mail us at: SarahThames@cornerstonesc.org

GUIDELINES TO ENSURE REGISTRATION

Registration lasts through June 13.

Checks must be made payable to "SOAR". ***

The SOAR office must have a copy of each player's birth certificate on file. If you have submitted it in a prior season, you do not need to resubmit. Players must be the age of 7 by June 1, 2008.

***Registrations may be mailed (postmarked no later than **Friday, June 13, 2008**) or dropped by the Cornerstone Church Office.

Mail the registration to:

SOAR
5637 Bush River Road
Columbia, SC 29212

COST: \$65

FOOTBALL League fee includes football jersey, flag belt, and trophy or medal.

CHEER League fee includes cheering shirt and trophy or medal.

SOAR AGE GROUP CHART

U8	Born after August 1, 1999
U10	Born after August 1, 1997
U12	Born after August 1, 1995
U13	Born after August 1, 1994
U14	Born after August 1, 1993
HS	Born after August 1, 1989



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This document may be duplicated for your use
(One registration form per player)

Player Info

Player's Last Name	First Name	Goes By

Birth Date	*Age	Male/Female
Child must be 7 by June 1, 2008		
Child's Birth Certificate is:	Enclosed <input type="checkbox"/>	On File <input type="checkbox"/>
	w/ SOAR	

Height	Weight	

Address		

City	State	Zip Code

Home Phone	Emergency Contact & Phone	

Skills Information

Number of seasons child has played league _____
football/cheerleading anywhere:

Please circle the appropriate league for your (football) player:

- | | |
|-----------------|-----------|
| Co-Ed U8 | Co-Ed U10 |
| Co-Ed U12 | Co-Ed U14 |
| Youth League HS | |

Uniform Size* (circle one)

Youth sizes: YXS YS YM YL

Adult sizes: AS AM AL AXL**

Registration fee provides football jersey/
cheerleading shirt.

**Please contact the SOAR office if you need a size larger than AXL.

Parent Info

Dad's Name

Mom's Name

Cell/ Work/ Other Phone

E-Mail Address

REGISTERING FOR: (circle one)

FLAG FOOTBALL CHEERLEADING

VOLUNTEER

Please **SELECT** the ways you would like to help with
your child's soccer team

- COACHING** (circle) Head Coach Assistant Coach
- TEAM MANAGER:** Helps coordinate snack schedule, communication, & organize season ending party.
- SOAR VOLUNTEER:** Willing to be called upon for *occasional* help with office work and SOAR events.
- SPONSORSHIP:** If you're interested in sponsorship or advertising opportunities, please contact Eddie Crosby at 772-1000 x33.
- DONATION:** I am including a donation of \$_____ to SOAR.

Participant Parent Agreement

As parent/guardian of the named player,

I hereby give my permission for his/her participation in this SOAR league and state that my child is in good health. This application is made with the expressed understanding that SOAR, Cornerstone Presbyterian Church, its employees, volunteers, and sponsors, are not responsible for any sickness, damages, or injury that the player may incur while participating in this program, or during transport to and from the program site. I give permission for photographs to be taken of my child or family during normal program activities to be used in SOAR promotional materials without thought of remuneration. I further understand that all fees must accompany application, no insurance is provided by SOAR or Cornerstone Presbyterian Church, and proof of birth date is required.

Drugs, alcohol and/or any tobacco products, also weapons of any sort (e.g., knives, guns) will not be permitted on the Recreation Outdoor Complex. If any person is found in possession or under the influence of any of the above, he/she will be sent home at the expense of the parents – either by the parent coming to pick up the participant or expenses for any other transportation. I have read the above:

Parent/Guardian Signature _____	Date _____
Medical Insurance Carrier _____	

Additional Information

Use the following space to include information that may be helpful when processing this registration. We strive to accommodate families with multiple siblings, and specific practice night needs. *However, we cannot guarantee that friends will play together.*

Please indicate name and league of registrant's siblings also playing SOAR football this season.

Sibling

League

Practice Night Preference (*Please write 1st, 2nd, 3rd choice in the appropriate boxes.)

Practices are held at 5:30 and at 6:30.

Tuesday Thursday

**Football
Coach Request** _____
(if applicable)