Coaches Use Only:

Player's Name: _____

Evaluation:

20 Yard Sprint: _____

40 Yard Sprint: _____

Breakaway Dribble: _____

Stationary Passing: _____

Cone Weave: _____

Dynamic Shooting: _____

Admin/Office Use Only:

Date Paid: _____

Regular Registration - $90 Late Registration - $120

Payment Type:

Check Credit Card Cash

_____ V MC D AMEX $_____

Coach/Team Assignment:

Coach: _____

Team: _____

Practice Day/Time: _____

Notified By: _____

Step 1: Fill out the form.

Step 2: Enclose your payment.

Step 3: Bring it to evaluation day, mail it or drop it by:
Lizella Baptist Church
2950 S. Lizella Road
PO Box 979
Lizella, GA 31052

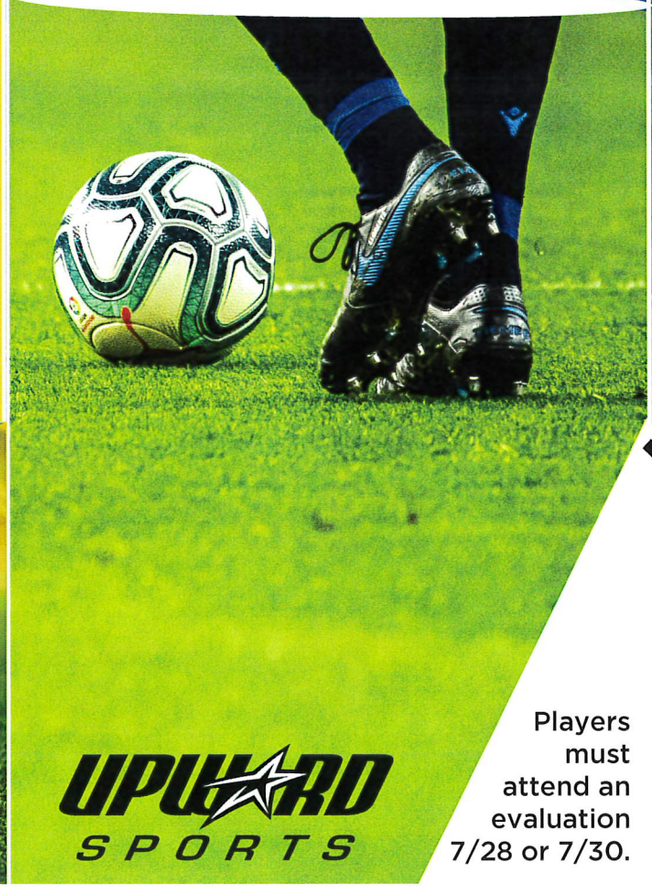
Early registration must be received by evaluation day!

Upward soccer league is open to kids who are enrolled in 4k-6th grade.

Practices begin AUGUST 23rd

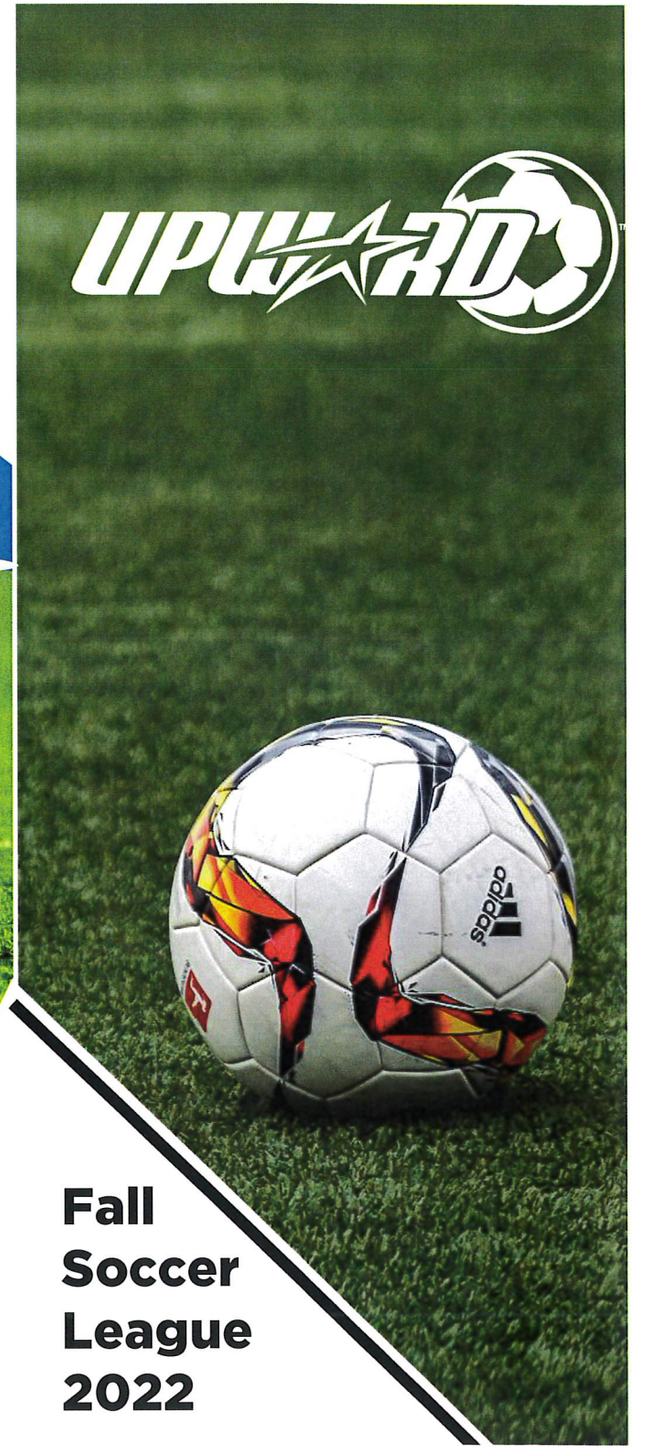
Games begin Saturday, Sept. 10th!

SATURDAYS through October 29th.



UPWARD SPORTS

Players must attend an evaluation 7/28 or 7/30.



Fall Soccer League 2022

$90* registration fee covers jersey, socks, shorts, player pack & field maintenance.

*Late registration $120 through August 3rd.

Evaluations:
Thurs. July 28th - 6-8pm
Sat. July 30th - 9-11am

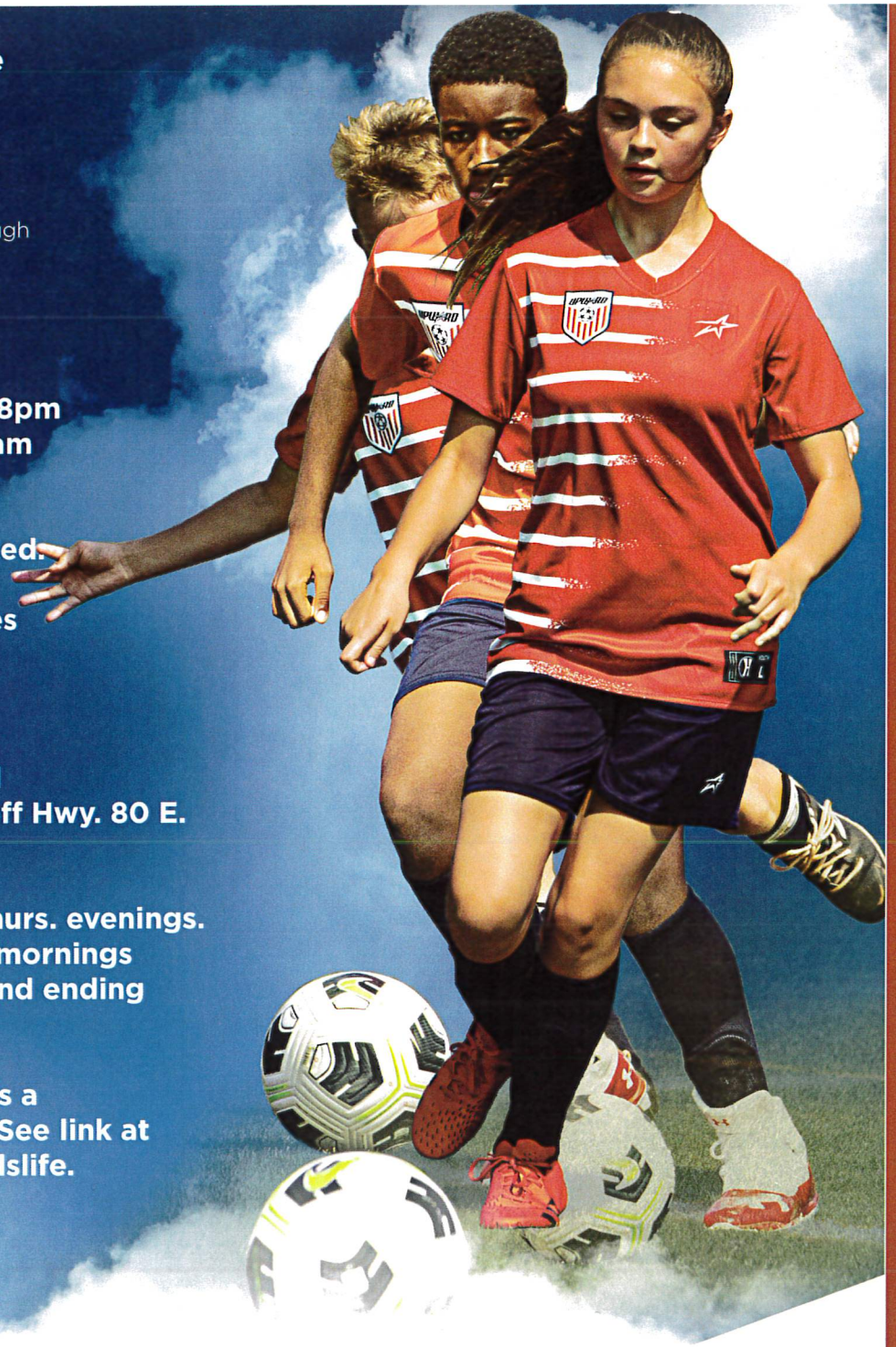
Water & cups provided.

All games & practices will be held at:

Pirkle Park
2950 S. Lizella Road
5 mi. west of I-475 off Hwy. 80 E.

Practices Tues. or Thurs. evenings. Games on Saturday mornings beginning at 9 AM and ending before lunch.

Volunteers must pass a background check. See link at lizellabaptist.net/kidslife.



Register TODAY!

PLAY WITH PURPOSE™

Upward Sports programming focuses on building a healthy competitive spirit as well as encouraging & inspiring players to look ahead to their own personal journey with excitement and energy.

Recreation athletes discover their skills and love of the game, and work to fully understand how sports help them develop the vital skills they'll need to succeed in whatever they do.

Players excel--

Mentally
Making wise decisions

Athletically
Improving physical abilities

Socially
Building healthy relationships

Emotionally
Embracing life's purpose

Fall Soccer Registration

UPWARD

Last Name: _____

First Name: _____

M or F Grade: ____ Home Church: _____

Date of Birth: _____ Age: _____

Has your child played soccer before? _____ # yrs _____

Allergy/Special Needs: _____

Jersey Size: YXS YS YM YXL/AS AM AL AXL A2XL

Shorts Size: YXS YS YM YXL/AS AM AL AXL A2XL

Socks Size: Small Medium Large

Carpool With: _____

My child cannot practice: TUES or THURS.

Father/Guardian: _____

Address: _____
City/State: _____ Zip: _____

Email: _____
Cell: (____) ____-_____ Carrier: _____

I'm willing to assist by being:
○ Coach ○ Asst. Coach ○ Referee
T-shirt size: AS AM AL AXL A2XL A3XL

Mother/Guardian: _____

Address: _____
City/State: _____ Zip: _____

Email: _____
Cell: (____) ____-_____ Carrier: _____

I'm willing to assist by being:
○ Coach ○ Asst. Coach ○ Referee
T-shirt size: AS AM AL AXL A2XL A3XL

Emergency Contact: _____
Email: _____
Cell: (____) ____-_____ Carrier: _____