

HIGH POWER SOCCER REGISTRATION FORM

Child's name: _____

Parent/Guardian name(s): _____

Parent/Guardian primary phone: _____ Secondary phone: _____

Mailing address: _____

Home e-mail address: _____

Child's birth date: _____ Gender: _____

Child's T-shirt size: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian cannot be reached) the church should contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies, medical or other special conditions the High Power team should be aware of:

The person responsible for picking up this child at the end of each camp day is:

Name: _____

Telephone: _____

Please enclose a registration fee of _____ (which covers the cost of soccer training and daily snacks and includes a camper soccer ball, water bottle, T-shirt, *Power Kick!* camper booklet, gospel wristband and High Power sweatband).

Return the fee along with this form and the medical release form (attached) to the church address below by _____ to ensure this special rate.

Signature of Parent/Guardian

Date

