

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 25⁰⁰ (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 7/7 to ensure this special rate.

Signature of Parent/Guardian

Date



PARENTAL CONSENT FORM

Name _____ Age _____ Birth date _____
 Address _____ Phone (____) _____
 City _____ State _____ Zip code _____
 School _____ Grade in or just completed _____
 Parent(s) business phones _____

To whom it may concern:
 The undersigned does hereby give permission for our (my) child, _____
 _____, to attend and participate in
(Name of child)
 activities sponsored by _____ on _____
Church (Date)

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by _____
(Church)

Hospital insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Participant _____ Date _____
Insurance company _____	Father _____ Date _____
Policy number _____	Mother _____ Date _____
Emergency phone numbers _____	Legal guardian _____ Date _____

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.