

Kids will learn basic soccer skills,  
get lots of exercise and enjoy  
singing, skits, and Bible teaching –  
all based on this year's theme of:  
*Mission: Unstoppable.*

**HIGH POWER SOCCER REGISTRATION FORM**  
**July 20<sup>th</sup> – 24<sup>th</sup> 5:30 PM – 8:30 PM on the soccer field**  
**Central Baptist Church 607.648.5662**

FOR OFFICE USE

Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Child's full name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Parent/Guardian primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home e-mail address: \_\_\_\_\_ Child's T-shirt size: \_\_\_\_\_  
SM (6-8) MED (10-12) LG (14-16) XL (adult S)

Church your family attends (if any): \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical & Photo release:**

In the event of an emergency that requires medical treatment for this child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Central Baptist Church volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child. I also give permission for photos of my child to appear among other general club photos as long as there is no identifying information shown.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Last tetanus immunization: \_\_\_\_\_ Medication allergies: \_\_\_\_\_

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

Please enclose your registration fee of \$20 postmarked by July 1<sup>st</sup> (\$25 if July 2<sup>nd</sup> -24<sup>th</sup>) with check made out to Central Baptist Church, and mail to the church at 1606 State Route 12, Binghamton, NY 13901. The fee covers the cost of soccer training, a soccer ball, T-shirt, *Power Kick!* camper booklet and daily snacks.