

HIGH POWER SOCCER REGISTRATION FORM July 18th - 22nd 5:30 PM - 8:30 PM

Central Baptist Church, Binghamton NY • 607-648-5662 • www.cbcbinghamton.org



Camper Information - Name _____ Age: _____ Birth date ___/___/___ Boy Girl

Grade in September 2011 _____ Child's T-shirt size: Med (10-12) LG (14-16) XL (adult S) – sorry, no small sizes are available ☹

Please check one: This child is a returning camper to this soccer camp This child is a **NEW** camper to this soccer camp

Family/Parent Information Parent/Guardian name(s) _____ Home Phone: _____ Cell: _____

Mailing Address _____

Email Address: _____ Person responsible for picking up child at the end of the evening: _____

• This person's relationship to the child: _____ This person's phone number: _____

Emergency contact: (other than parent/guardian) _____

• This person's relationship to the child: _____ This person's phone number: _____

Medical Information Name of family doctor: _____ Dr.'s Phone number: _____

Insurance company: _____ Policy number: _____ Last tetanus immunization: _____

Medication allergies: _____

Please list any allergies, medical or other special conditions:

Kids will learn basic soccer skills, get lot of exercise and enjoy singing, skits, Bible teaching, and will end the evening with a soccer game.

Contact Information We will contact you regarding what to bring, where to go, etc. or any announcements. Please indicate how you would like to be contacted.

Please email all information to me at _____ Please text all information to me at _____

Please mail all information to me at check here if address same as above or write new address here: _____

Parental Consent 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 camp photos as long as there is no identifying information shown. Parent or Legal Guardian Signature: _____ Date: _____

Church Information Does this child or this child's family attend any church on a regular basis? Yes No If yes, which one? _____

Are you interested in more information about Central Baptist Church? Yes No

Please enclose your registration fee of \$30 postmarked by July 1st (\$40 if July 2nd – 22nd) 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, water bottle, sweat band and daily snacks.

For Office Use Only

For office Use Only:

Team:

Coach: