HIGH POWER SOCCER REGISTRATION FORM

Date: June 24-27, 2019 Ages: Completed Kindergarten – 12 years old.

Child's Name_____

Parent/Guardian name(s)_____

Parent Guardian primary phone_____Secondary phone_____

Mailing address_____

Home e-mail address_____

Child's age_____ School Year Completed in June 2019_____Gender_____

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 night is:

Name_____

Telephone_____

Relationship to child_____

Please enclose a registration fee of **$10** (which cover the cost of soccer training, nightly snacks and includes a camper soccer ball, water bottle, and Power Kick Camper booklet).

Return the fee along with this form and the medical release form (attached) to the church address (see below) **by June 14** to ensure that your child will receive a camper kit.

_____ _____

Signature of Parent/Guardian Date

Faith Community Church Phone: 509-829-6084
P.O. Box 229
Zillah, WA 98953