

Trinity Christian School

Soccer Camp



REGISTRATION FORM
JUNE 15-18, 9:00-11:00am

Please complete one form for each participant.

Payment is to be made to KYRSTIN FREEMAN. DO NOT make checks payable to Trinity Christian School.

Student's Name: _____ T-shirt Size: YS YM YL S M L XL

Phone Number: _____ Age: _____ Grade Entering: _____

List any physical condition/allergies or concerns of which camp staff should be aware:

Emergency Contact Information

Emergency Contact Name _____

Relationship _____ Phone Number _____

Camp is open to ALL students 1st -5th grade.

Late registration may result in participant not receiving a camp tshirt.

June 15-18 Soccer Camp 9:00am-11:00am Coach Kyrstin Freeman Cost: \$80.00

Payment Information

Payment Method: CHECK CASH

Total Amount Paid: _____

Check #:

Consent

I give my permission for _____ to participate in Trinity Christian School Summer Sports Camps and do hereby release Trinity Christian School, its administration, its staff, and any camp staff from any and all liability arising out of such participation in this event. The above-named student is fit, both physically and otherwise, to participate in all the activities of the camp, except as stated on this form.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date