

**HIGH POWER SOCCER
REGISTRATION FORM**



COST: \$75.00 (Please make checks payable to *PMRBC*.)

Child's Name: _____

Address: _____

Apt. # _____ City: _____ Zip: _____

Email address: _____

Child's Birthdate: _____ / _____ / _____ Child's shirt size: _____

Church your family attends: _____

Parent's/Guardian's Names: _____

Parent's/Guardian's Primary Phone _____ Secondary/Cell _____

Emergency Contact Name/Number/Relationship: (other than above)
Name: _____ Phone: _____ Relationship: _____

Allergies and/or other medical issues: _____

Permission to participate, release waiver, medical treatment and photography:

I, (the parent / guardian) do hereby grant my child permission to participate in High Power Soccer with Paper Mill Road Baptist Church. I do hereby forever release and discharge Paper Mill Road Baptist Church, Inc., its representatives, staff and church members from and against any and all liability of whatever nature of kind resulting from an injury and/or death. I also grant permission for any representative, staff or church member to provide reasonable and necessary care to my child in the event of an injury or illness while on the church's premises. I agree to accept financial liabilities from such care. I hereby give my permission for photographs of my child to be used for church purposes.

Signature: _____ Date: _____

NOTE: Please attach a copy of your insurance card to this form or list relevant insurance company information (ie: Name, Group #, etc.).