

Soccer Camp Registration & Medical Form
East Side Baptist Church

Player Name : _____

Player's birthdate : _____ Age : _____

Parent's Name : _____

Address : _____

Primary Phone contact : _____

Email Address : _____

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

Emergency phone number : _____

Shirt Size (please circle) : Y Small Y Medium Y Large Adult Small Adult Medium

Soccer Experience (circle one):

None

1-2 seasons

3-4 seasons

5 + seasons

Camp Fee : _____

\$20/camper, \$60 max per family

Please complete the medical portion on the back of this form.

East Side Baptist Church

Medical Information for Soccer Camp

Child's Name: _____

Address: _____

City: _____ Zip Code: _____

Birth date: _____ Age: _____

Medical Information:

Does your child have allergies? _____ Please List: _____

Is there any medical information you feel we should have concerning your child?

*Doctor's Name: _____ Phone: _____

*Insurance Carrier: _____

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE in the Soccer Camp with East Side Baptist Church. When it is deemed necessary for my son/daughter's health, the staff may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case all such expenses shall be paid for by me. I shall in no way hold East Side Baptist Church or its representatives responsible for any financial obligation.

Parent/Guardian: _____ Date: _____