

High Power Soccer Registration

Name First _____ Last _____
Address _____
City _____ State _____ Zip Code _____
E-mail _____
Child's Birthday _____ Age _____ Grade _____ Gender: M F Shirt Size: S M L
Father's Name: _____
Phone Work _____ Cell: _____
Mother's Name: _____
Phone Work _____ Cell: _____
Home Church _____ Home Phone _____
Allergies;
Medical Conditions:
Authorized To Pick Up:
Sibling's Attending and Age:
Medical Information and Legal Release
Health insurance Co. _____ Policy Numbers _____

I hereby give my permission for my child (listed above) to participate in High power soccer at Christ Covenant Church. I agree that Christ Covenant Church, its agents, employees, and representatives **shall not be liable** to any person for any accidents, injuries, or death to my child which might occur while participating in this camp. I agree to **hold Christ Covenant Church harmless** from all such claims. If a **medical emergency** should arise, and I cannot be contacted, I hereby **give my permission** to the High Power Soccer Director and/or a Christ Covenant Church Pastor or staff member to select a physician and/or hospital for the care of my child. I hereby also give the hospital and/or physician selected my permission to hospitalize, treat, order injections, anesthesia, or surgery necessary to save my child's life. I have read and agree to the High Power Soccer "Policies & Procedures." I understand that photos/ videos may be taken of my child at High Power Soccer and I authorize Christ Covenant Church to utilize these photos/videos in printed media, on the internet, and in other forms.

Signature _____ Date: _____