

Registration Fee- \$40Includes uniform,
banquet and trophy**TRI-CITY BAPTIST CHURCH
REGISTRATION FORM
AND MEDICAL RELEASE AGREEMENT****OFFICE USE ONLY**

_____ PAYMENT RECEIVED

Amount Rec'd _____ Ck # _____

ACTIVITY INFORMATION

Name of sponsoring organization: Tri-City Baptist Church
 Address: 6953 W. 92nd Lane, Westminster, CO 80021
 Name of sponsor coordinator: Bart McNaughton & Tyson Schrecengost
 Description of activity: Summer Soccer League
 Date(s) and location of activities: June 30 through August 6, 2011
(includes practice dates through final tournament)

PLAYER'S INFORMATION

Child's Name: _____ Age by 8/1/11 _____ Birth date: _____

Soccer Skill Level: Beginner
 Intermediate
 Advanced

Number of years played: _____ Gender: MF

Will be absent on the following dates due to vacation**:
 (**By providing this information, we can do a better job of making fair and equal teams.)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ E-mail Address: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Parent/Guardian: _____ Relationship: _____

Name/Phone of emergency contact OTHER THAN parent/guardian: _____

Is Tri-City authorized to give minor medical treatment? Yes No Any health problems or allergies?Yes No
 If yes, explain: _____

Medical insurance? Yes No Name of Insurance Provider _____ Policy Number: _____

****Mail this completed form and payment to TCBC
 Soccer, 6953 W. 92nd Lane, Westminster, CO 80021 by
 June 21, 2011****

MEDICAL RELEASE AGREEMENT

By signing below, the player participant (or Parent/Guardian if player is a minor) acknowledges that all information on this form is true and accepts the risks of physical injury associated with such participation in this activity. I also agree to release any rights, claims and damages against Tri-City Baptist Church and/or its representatives that may be sustained by the player associated with this program.

Signature: _____ Date: _____