FALL 2023 - Soccer

Trinity Lutheran Christian School Outdoor Soccer Program

REGISTRATION FORM

5th – 8th Graders

Registration due by August 10

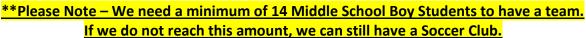
\$85.00 Per Student

Checks Payable to Trinity Lutheran Christian School Return Completed Registration Form and Payment to:

Trinity Lutheran Christian School Office

Or Mail To:

1100 Philadelphia Rd. Joppa, MD 21085 Attn: Dave Merritt



Child's Name:
Address:
Date of Birth://_ Age (as of July 31) Shirt Size Child's Grade (for next year)
Program: Boys Middle School Fall Soccer
Parent(s)/Guardian's Name:
After Care Permission:
Home Phone: Parent's E-Mail:
Emergency Contact:
Relationship to Child: Phone:
Relationship to Child: Phone:
Physician's Name: Phone: Phone:
Date of Last Tetanus Immunization: Policy No:
Medical of Health Factors or Limitations:
Triculcul of Ficulti Fuctors of Elimitations.
I would like to volunteer to: Coach Asst. Coach Team Parent Other
I would like to make a donation to the program of \$ (THANK YOU)
troute inc to make a defiation to the program of \$\frac{1}{2} \cdots
By my signature below, I hereby permit my child named above to play in the 2023 Trinity Lutheran School Soccer program. I will not hold the Harford County Department of Parks & Recreation, nor Trinity Lutheran coaches & Athletic Director responsible for any injuries sustained by my child while participating in the program, to include transportation to and from practices and games. I also certify by my signature that my child is in good physical health to participate in this program.
Parent's/Guardian's Signature: Date:
PLAYERS MUST WEAR SHIN GUARDS
For more information, email: dmerritt@tlsonline.org

Received_____