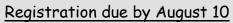
FALL 2019 - Soccer

Trinity Lutheran Christian School Outdoor Soccer Program

REGISTRATION FORM

Clinic (4-6 Years Old) 5th - 8th Graders



Fees are \$45 for Clinic (4 - 6 Years Old)

\$55 per child Middle School

\$100 Maximum per Family



<u>Trinity Lutheran Christian Dave Merritt</u>

Or Mail To:

1100 Philadelphia Rd. Joppa, MD 21085

1100 г пишенриш ка. у орра, мо 21000	
Child's Name:	Gender: Male Female
Address:	· · · · · · · · · · · · · · · · · · ·
Date of Birth://_ Age (as of July 31	l) Shirt Size Child's Grade (for next year)
Program: ☐ Clinic (4-6 Years Old) ☐ Girls	Middle School Boys Middle School
Parent(s)/Guardian's Name:	
After Care Permission:	
	Parent's E-Mail:
Emergency Contact:	
Relationship to Child:	Phone:
Relationship to Child:	
Physician's Name:	Phone:
Date of Last Tetanus Immunization:	
Name of Medical Provider:	Policy No:
Medical of Health Factors or Limitations:	
I would like to volunteer to: Coach Asst.	
I would like to make a donation to the progr	am of \$ (THANK YOU)
	, - ,
Parent's/Guardian's Signature:	Date:
PLAYERS MUST WEAR SHIN GUARDS	
For more information, email: dmerritt@tlsonline.org	
Received	, .
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