

FALL 2019 - Soccer
Trinity Lutheran Christian School Outdoor Soccer Program



REGISTRATION FORM

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



Registration due by August 10

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

\$55 per child Middle School

\$100 Maximum per Family

Checks Payable to Trinity Lutheran Christian School * Hand Check(s) and completed

Registration Form to:

Trinity Lutheran Christian Dave Merritt

Or Mail To:

1100 Philadelphia Rd. Joppa, MD 21085

Child's Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____
Date of Birth: ___/___/___ Age (as of July 31) ___ Shirt Size ___ Child's Grade (for next year) ___
Program: <input type="checkbox"/> Clinic (4-6 Years Old) <input type="checkbox"/> Girls Middle School <input type="checkbox"/> Boys Middle School
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: _____
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. Coach___ Team Parent___ Other___
I would like to make a donation to the program of \$_____ (THANK YOU)

By my signature below, I hereby permit my child named above to play in the 2019 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 _____
Team _____