



# Soccer Plus Registration Form

## Summer 2010

Northside Baptist Church  
 7965 Oswego Road  
 Liverpool, NY 13090  
 Phone: 652-3160

**Children's Name(s)** PLEASE PRINT

\_\_\_\_\_ Age \_\_\_\_ Grade completed \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_ Grade completed \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_ Grade completed \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_ Grade completed \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_ Grade completed \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_ Home Ph \_\_\_\_\_

Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email : \_\_\_\_\_

Family Church: \_\_\_\_\_

**Emergency Contact During Soccer Plus**  
 (Other than parents)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

→ \_\_\_\_\_  
 → \_\_\_\_\_  
 → \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

**Medical Information**  
 (allergies, medicines, special needs)

I understand that my child/children may participate in physical activities such as those held during Soccer Plus. As with any physical activity, there is a risk of injury. I fully accept this risk and hold Northside Baptist Church and any persons involved in the Soccer Plus ministry harmless from any legal liability.

I have read and agree to the Terms and Conditions stated above.

X \_\_\_\_\_  
 (Signature of Parent/Guardian)

\_\_\_\_\_  
 (Date)

I would like to learn more about the ministries of Northside Baptist Church. Yes \_\_\_\_\_ No \_\_\_\_\_

Office Use Only: E \_\_\_\_\_ C \_\_\_\_\_ NT \_\_\_\_\_ AN \_\_\_\_\_