



2017 SOCCER REGISTRATION

Player Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Current School: _____ Grade: _____

Parent Information:

First Name: _____ Last Name: _____

Home # _____ Cell # _____ Email: _____

I, _____ hereby give my permission for my child to enter, participate, engage in the sports program at Holy Child Jesus Sports Association. I hereby release the Holy Child Jesus Church, Holy Child Jesus Catholic Academy and Holy Child Jesus Sports Association and the coaches, and the members thereof from any, and all liability claims, demands, or actions whatsoever arising out of or related to any loss, damage or injury that may occur while engaged or participating in any sports activities.

Parent – Guardian Signature: _____ Date: _____

* Registration Fee \$125.00

Payment Received: _____ Received By: _____

