

Reigns Soccer Agency

ACADEMY REGISTRATION FORM

NAME: _____

AGE: _____ GENDER: _____ BIRTHDATE: _____

PARENTS NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

TOWN: _____ ZIPCODE: _____

EMAIL: _____

Best way to send out correspondence: Email or Regular Mail (please circle one)

MEDICAL INSURANCE: _____

DOCTORS NAME: _____

DOCTORS PRACTICE: _____

ADDRESS: _____ PHONE #: _____

GROUP #: _____ PLAYERS ID #: _____

PRIMARY MEMBER NAME: _____

SHIRT SIZE (Please circle one): CHILD: S (6 – 8) M (10 – 12) L (12 – 14) / ADULT: S M L

In case of medical emergency, I understand every effort will be made to contact parents or guardian of player. In the event I cannot be reached, I hereby give permission to the physician selected by the coaching staff to secure proper treatment for my child. We encourage parents to be involved under the direction of your child's coach.

DATE: _____

PARENT SIGNATURE: _____

Fee: \$40 per child. Families with 3 or more children playing receive a family discount and pay \$100 maximum fee. Church member \$20 per child, 3 or more \$50.

Please make checks payable to: Hyde Park Baptist Church

PLEASE REMIT PAYMENT BY MAIL to:

Hyde Park Baptist Church

10 Romans Road

Hyde Park, New York 12538

Any questions please contact the church office at (845) 229-9150.

In consideration of others, HPBC requests no pets on church property.