



Zion Lutheran Soccer Clinic Registration Form

Please print all information. Check payable to Zion or cash must accompany this form.
No REFUNDS! If it rains the clinic will take place on the SAME day the following week.

Time: _____

Player's Name: _____ D.O.B. _____ Age: _____

Address: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

EMERGENCY INFORMATION

Detail of any medical conditions I should know about:

Parent/Guardian Consent:

I, the undersigned parent or guardian of the registrant, a minor, recognize the risk of injury with sport participation and in consideration of our accepting this program, I/we hereby release and discharge and/or indemnify Zion Lutheran Church, their employees and associated persons of this program against any claim by or on behalf of the registrant.

Date

Parent/Guardian Signature

Registration form and payment can be sent in to camp/preschool or church office.
505 Watchogue Rd. 10314, Att: Soccer or Coach Kim
Questions? Call or email Kim: misskimzion@aol.com, (718)981-3623