

**Temple Youth Soccer Camp**  
June 25 – 26, 2018

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Grade last completed: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Payments:** Tuition may be paid by cash or by check payable to: **Temple High School**

**Cost:** \$25

For more information, contact Coach Calas or Coach Melson at (770) 562-3218

**PARENT/GUARDIAN Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

(over)