

For office use only:

Accepted

Date Received: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Data Entry Complete    Data entered by: \_\_\_\_\_     Wait Listed

# Soccer Clinic

## Student Registration

**ALL information must be completed to register.**

*This form must be filled out and signed by a parent/guardian to participate in Tiger Pause Programs.*

**The clinic will be run by trained soccer players, including Geneva College coaching staff. The cost is \$20/student. To hold a spot in our clinic, please drop off registration form and \$20 (cash or check) in *DOORSLOT* at 413 16<sup>th</sup> Street, Beaver Falls, PA 15010 (small brick building beside Church). Phone: 724-601-3402**

**Which after-school location does your child(ren) attend?**

Downtown     Harmony     Midland     New Brighton     Pleasantview     Doesn't Attend After School

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Parent/Guardian Name #1

\_\_\_\_\_

Relationship to Child

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Parent/Guardian Name #2

\_\_\_\_\_

Relationship to Child

\_\_\_\_\_

Cell Phone

**In the event of an emergency and you cannot be reached please give a name and phone number of an Authorized/Designated individual to make emergency decisions:**

Emergency Contact Name: \_\_\_\_\_

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

Pediatrician/Clinic Name: \_\_\_\_\_

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

Please list all special medical conditions (allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

## **PARENTAL CONSENT FOR TRANSPORTATION, MEDICAL, & PHOTO RELEASE**

**Waiver:** I give my permission for the child(ren) listed to participate in the Tiger Pause Youth Ministry Soccer Clinic Program. In the event of an emergency, I understand that an effort will be made to contact me first. However, I give permission for Tiger Pause staff to seek medical treatment or to authorize emergency medical care. I will not hold Tiger Pause Youth Ministry or cooperating organizations, churches, or their staff members or representatives responsible for injuries which may occur to my child(ren).

**Behavioral Policy:** I understand that my child must adhere to the rules and policies at Tiger Pause. The first offense will be addressed with a verbal warning. A second offense will be addressed with a verbal warning and a written notification sent home for me to sign. If the situation persists, I understand that my child will be suspended from participating in Tiger Pause programs.

**Permission to Transport:** I give Tiger Pause permission to transport my son/daughter to and from Tiger Pause programs and Tiger Pause related events.

**Promotional Release:** I also release Tiger Pause to use photos, video and audio of my student in promotional materials that support Tiger Pause Youth Ministry and its programs. I understand photos may be used on advertisements, and online social media like Facebook. I release Tiger Pause from any liability connected with the use of my picture or voice recording as part of any promotional recruitment or fundraising program.

**Registration will not be accepted without complete information entered below:**

Child(ren)'s School(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date