

2018 Good Hope Baptist Church Soccer League



Registration Form



Cost—\$60 per child (includes jersey)
3 Year Old—6th Grade
Deadline to register is September 9
September 29— Opening Day Clinic
Games on Saturday Mornings in October

Child's First Name:		Child's Last Name:	
Age:	Birth Date:	Gender: M F	
Parent/Guardian Name:		Phone #:	
Parent/Guardian Name:		Phone #:	
E-Mail Address:			
Shirt Size:	YXS YS YM YL AS AM AL AXL (circle one)		
Parent/Guardian Signature:			
By signing this form, I assume all risk of personal accident, injury, damage and/or loss as a result of participation in the Good Hope Baptist Church Soccer League. Therefore, I agree to release Good Hope Baptist Church, its affiliated entities, its officers, employees, and volunteers from all liability as a result of participation.			
Office Use:			
Cash _____	Check _____	Date: _____	
Team:		Coach:	