



Registration Form

Child's First Name: _____ Last Name: _____

Age: _____ Gender: boy / girl

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian(s) Name: _____

Phone: (home) _____ (cell) _____

Email: _____

Child's T-shirt Size (circle one): Youth X-Small Youth Small Youth Medium Youth Large

How did you learn about our program? _____

Does your child have any special needs or restrictions that we need to be aware of?

Child's allergies or medications _____

Parent Liability Release Form

As parent/guardian of the above child, I certify that he/she is in good health and has no physical, mental, or emotional challenges which are likely to prevent participation in physical play. I agree to hold harmless all staff and volunteers from any liability on account of injuries sustained by player while participating in soccer camp activities. I have read the above and fully understand it.

Parent/ Guardian Signature _____ Date _____

Parent Release Form for Media Recording

I hereby grant permission to Athletes of Christ and FBC Brewster to use the image of my child(ren) in the distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Athletes of Christ website.

Parent/ Guardian Signature _____ Date _____

Mail or drop this registration form off to FBC, 21 Oak Street, Brewster NY 10509

Questions contact info@brewsterchurch.com or 845-279-2636.