

Hickory Grove United Methodist Church

Soccer Registration Form

Fill out all areas. Required fields marked with an asterisk. *Please Print*

Student Information:

*First Name: _____ *Last Name: _____

Nick Name: _____ *Date of Birth: _____

Sex (circle one): Male Female

*Street Address _____ *City: _____

*Zip Code: _____ *Telephone Number: _____

*School Grade (2017-2018 Year): _____ Age: _____

Parent Information

*Father/ Legal Guardian First Name _____ *Last Name _____

*Street Address _____ *City: _____

*Zip Code: _____ *Telephone Number: _____

*Email address: _____

*Mother/ Legal Guardian First Name _____ *Last Name _____

*Street Address _____ *City: _____

*Zip Code: _____ *Telephone Number: _____

*Email address: _____

Medical Information about the child:

Any known allergies:

Please list any relevant medications and dosage:

Any other health information:

Comments: _____