



High Power Soccer Camp Registration Form

Participant(s) Contact Info

Last Name: _____ First Name: _____

Gender: _____ Grade: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Gender: _____ Grade: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Gender: _____ Grade: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Gender: _____ Grade: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Church your family attends (if any): _____

Parent/Guardian Names: _____

Parent/Guardian Primary Number: _____

Parent/Guardian Secondary Number: _____

Emergency Contact: _____ Number: _____

Person responsible for picking up participant(s): _____