AUSTIN CHAMPIONS

CHRISTIAN HOMESCHOOL ATHLETICS

SOCCER REGISTRATION

Athlete Name:		Team Fee (Please of	Check One)
Birth Date: A		Age/Grade	Cost
Player's Height: Weight		15 and up/9 th -12th	\$160
		12 to14/6 th -8th	\$130
Player Email:		10 to 11/4 th -5th	\$130
Player Cell:			
Any special considerations:			
Parent Contact Information (Only list in	formation below that can be used for co	ontacting):	
Parents' Names:			
Home Address:			
City:Zi			
Home Phone:		(Mom or Dad)	
Dad Cell:			
Dad Email:			
I understand that the well-being of my child is for my child to participate in this activity, and lactivity required by this sport. By signing be participation in this activity and that any costs. As a parent I will strive to model and promote and a God honoring attitude no matter the ou consistently to all practices and contests. By signing this form you are agreeing to all st	hereby declare that my child is phy low I am acknowledging that there associated with it are my responsible Christ-like character through positive toome of the contest. I will strive to	visically able to participate could be accidents or injubility. ve encouragement, respense	in the strenuous iries incurred by cting authority,
Signed (Parent)	Date:		
Signed (Parent)	Date:		
As an athlete I will strive to exhibit sportsman will include but is not limited to playing fairly, and opponents, and a God honoring attitude and will work to promote what is best for the tunderstanding.	respecting authority, encouraging and matter the outcome of the contest	nd positive language to bo st. I acknowledge that I am	oth teammates n part of a team
Signed (Athlete)	Date:		