



Child Evangelism Fellowship of Southern California
South Santa Barbara County Chapter



5-Day Soccer Club

(Please complete one form per child)

Child's name: _____ Birth date: _____ Gender: _____

Soccer Skill Level: Novice _____ Beginning _____ Intermediate _____ Advanced _____

Parent/Guardian name(s): _____

Parent/Guardian primary phone: _____ Secondary phone: _____

Mailing address: _____

Home e-mail address: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian **cannot** be reached) we should contact:

Name: _____

Relationship to child: _____ Telephone: _____

Please list any allergies (including grass and bee stings), medical or other special conditions we should be aware of: _____

_____ Will your child be carrying an epi-pen? Yes No **OR** will you be giving one to us? Yes No

The person responsible for picking up this child at the end of each camp day is:

Day/s: M T W T H F Name: _____ Telephone: _____

Day/s: M T W T H F Name: _____ Telephone: _____

Day/s: M T W T H F Name: _____ Telephone: _____

Check here if your child will be walking home from the 5-Day Club.

_____ (child's name) has my permission to attend the 5-Day Soccer Club.

Signature of Parent/Guardian

Date

In order to secure a place at the 5-Day Soccer Club, please return this form and the medical release form by: **Friday, June 2, 2017**