

**HYDE PARK BAPTIST CHURCH SOCCER LEAGUE  
REGISTRATION FORM**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Best way to send out correspondence: Email or Regular Mail (please circle one)

MEDICAL INSURANCE: \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_

DOCTORS PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

GROUP #: \_\_\_\_\_ PLAYERS ID #: \_\_\_\_\_

PRIMARY MEMBER NAME: \_\_\_\_\_

SHIRT SIZE (Please circle one): CHILD: S (6 – 8) M (10 – 12) L (12 – 14) / ADULT: S M L

In case of medical emergency, I understand every effort will be made to contact parents or guardian of players. In the event I cannot be reached, I hereby give permission to the physician selected by the coaching staff to hospitalize and secure proper treatments and order injection or anesthesia or surgery for my child.

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Fall Soccer Fee: \$40 per child. Families with 3 or more children playing receive a family discount and pay \$100 maximum fee. Please sign up by August 13. After this date there will be a \$10 late fee. Church member \$20 per child, 3 or more \$50.

**Please make checks payable to:** Hyde Park Baptist Church

**PLEASE REMIT PAYMENT BY MAIL to:**

*Hyde Park Baptist Church  
ATTN: Pastor Nargi  
10 Romans Road  
Hyde Park, New York 12538*

Any questions please contact Pastor Nargi at (845) 229-9150.