



# Spirit of Faith Christian Center

## WARRIORS ATHLETICS REGISTRATION FORM



### SECTION A – PARENT INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate/2<sup>nd</sup> E-mail \_\_\_\_\_

#### **Emergency Contact Information:**

Contact Name \_\_\_\_\_

Contact Phone Number ( ) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

*Check which sport you are applying for*

Baseball \$ \_\_\_\_\_  Football \$ \_\_\_\_\_

Track \$ \_\_\_\_\_  Cheerleading \$ \_\_\_\_\_

Basketball \$ \_\_\_\_\_

### SECTION B – REGISTRANT(S) INFORMATION

1 Child's Name \_\_\_\_\_  
Last First MI

DOB \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YY Sport: \_\_\_\_\_

2 Child's Name \_\_\_\_\_  
Last First MI

DOB \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YY Sport: \_\_\_\_\_

3 Child's Name \_\_\_\_\_  
Last First MI

DOB \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YY Sport: \_\_\_\_\_

4 Child's Name \_\_\_\_\_  
Last First MI

DOB \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YY Sport: \_\_\_\_\_

#### **Allergies/Medical Conditions (please explain):**

#### **Make Checks Payable to: Spirit of Faith Christian Center**

I certify that I will follow the rules regarding my child's participation in the program selected above at Spirit of Faith Christian Center. I also agree to pay all fees associated with my child's participation and according to the specified payment options. I understand that no refunds of registration fees will be issued and that my child will not be allowed to participate in any other sport until this balance is paid in full.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### **Payment Options (Please select one)**

- Option 1 – (4) Bi-weekly payments in the amount of \$ \_\_\_\_\_
- Option 2 – (3) Monthly payments in the amount of \$ \_\_\_\_\_
- Option 3-Pay in Full \$ \_\_\_\_\_

**OFFICE USE ONLY**

Date: \_\_\_\_\_

Payment Type:  Check # \_\_\_\_\_  Cash

Amount Paid \_\_\_\_\_

Registrar Signature \_\_\_\_\_

Comments: \_\_\_\_\_