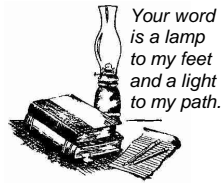


# Milford Christian Academy

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www.milfordchristianacademy.org  
milfordchristianacademy@comcast.net



Member, Association of Christian Schools International

**Learning to live for something greater !**

## Milford Christian Academy Soccer Registration

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex: (circle one) M/F**

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **School: (circle one) MCA PDE / Home School**

**Prior Soccer Experience:** \_\_\_\_\_

**Preferred Position:** \_\_\_\_\_

**Health Insurance Information:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_

**Certificate #** \_\_\_\_\_ **Policy Holder's Employer** \_\_\_\_\_

**I understand that any/all medical claims will be the responsibility of my personal health insurance carrier, before MCA.**

### **Parent Volunteering:**

I will be available to help carpool to away games yes no

I will be available to help carpool to home games and practices yes no

**Payment of \$65 is required with a family cap of \$115.**

**I understand that the uniform my child receives is to be returned at the end of the season or there will be a \$50.00 fee charged**

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**ACKNOWLEDGEMENT OF FIELD TRIP AND PERMISSION SLIP FORM**

I/WE acknowledge \_\_\_\_\_ am/are the parent/guardian of \_\_\_\_\_ a minor, who wishes to participate in the MCA Soccer Team.

I/We acknowledge that our child has on file with Milford Christian Academy at the start of the soccer program a completed physical form (completed within the last 12 months assuring good physical health)

I/We acknowledge that my/our child must adhere to all rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.

I/We acknowledge and understand the risks and requirements for our child to participate in this school sponsored off-campus activity. I/We give our consent for our/my child to participate.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ \*Children will

**NOT** be allowed to participate in this soccer activity if this consent agreement is not filled out, and the office does not have a medical form on file.