

Milford Christian Academy
273 Elm Street
Milford, NH 03055
(603) 673-9324



Kyn Gdanian ~ School Chaplain
Paul Sontag ~ School Principal
Angela Lehoux~Elementary Dept. Head

Your word is a lamp unto my feet and a light for my path.

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 \$50 is required with a family cap of \$100.

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

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.