TRINITY CHRISTIAN SCHOOL



(Please complete & return with payment by June 5th to Coach Aaron George, TCS, 200 Trinity Rd., Dublin, GA 31021. Thank You!)

PARENT CONSENT & RELEASE FORM (DUPLICATE AS NEEDED)

Student's Name _____ Address Addre

_____ T Shirt YS YM YL AS AM _____ Age _____ Grade This Fall _____

List any physical (or other) conditions or concerns of which the camp staff should be aware:

I give my permission for _______ to participate in the Trinity Christian School Soccer Day Camp and do hereby release Trinity Christian School, its administration, its staff, and any camp staff from any and all liability arising out of such participation in this event. The above-named student is fit, both physically and otherwise, to participate in all the activities of the camp, except as stated on this form.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Daytime Phone Number: ____

Cell Phone Number: __