



107 S. Greenlawn Ave. South Bend, IN 46617 • 574-287-5590

6th – 8th Grade Girls' and Boys' Summer Soccer Clinic

Monday - Friday, June 24 to June 28

Girls: 9:00 a.m. – 11:00 a.m.

Boys: 3:30 p.m. – 5:30 p.m.

***Friends of Trinity students are welcome!**

REGISTRATION FORM (One form per player. Please print.)

Child's Name: _____ Grade in 2013/14 _____

Home Phone #: _____

Parent Email Address: _____

T-Shirt Size: S _____ M _____ L _____ XL _____ (adult sizes)

Please return registration form along with payment and Parent Consent Form (attached) by Monday, June 17.

Cost: \$60

Checks should be made out to Trinity School and mailed to the school at this address:

Trinity School
Summer Soccer Clinic
107 S. Greenlawn Ave.
South Bend, IN 46617

Summer Soccer Clinic will be held at the Trinity School Athletic Center.

53666 N. Ironwood Dr., South Bend, IN 46617

Please contact Mark Hoover at the Trinity School Athletic Office with your questions:

Office: 574-287-5590

Cell: 574-514-5871

Email: mhoover@trinityschools.org.

Looking forward to a great summer!

Go, Titans!



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PARENT CONSENT/RELEASE FORM

June 1, 2013 to June 1, 2014

Child's Name _____ Birth Date _____ Sex M/F ____ Grade _____

I grant permission for the child named above to participate in Trinity School athletic events. In the event of an emergency, I authorize his/her teachers, coaches, assistant coaches or adult supervisors to act on my behalf in providing, arranging and consenting to medical care. I understand that Trinity School does not provide medical insurance coverage for those children who are participating in athletic activities sponsored by Trinity School. Therefore, I assume responsibility for any medical expense, personal injury or other loss sustained by my son/daughter and I agree to hold harmless and indemnify Trinity Schools, Inc., and the People of Praise, Inc., and their agents, which includes but is not limited to, coaches supervisors, assistants and helpers, whether adult or minor, whether paid or voluntary, from any loss or liability.

Insurance Company _____ Policy # _____

Family Physician _____ Phone # _____

Does your child have any medical conditions which would prevent, restrict or limit his/her participation in athletics?

NO YES (circle one)

If you have answered YES to the preceding question, you must enclose a letter or a report from your doctor stating his/her opinion that your child may participate. If there are any restrictions, the doctor must set forth the restrictions or limitations in writing.

Name and phone number of someone other than parent/guardian who may be contacted in case of an emergency.

Name _____ Phone # _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (please print) _____

Phone (home) _____ (work) _____

THIS FORM IS NECESSARY FOR YOUR CHILD TO PARTICIPATE. AREA HOSPITALS MIGHT DELAY OR REFUSE TREATMENT WITHOUT THIS FORM IN HAND.