



*****P.E. UNIFORMS*****
Please wear P.E. Uniform
under school uniform on
non-P.E. days.

TRINITAS SOCCER ACADEMY

REGISTRATION FORM

STUDENT NAME AND LAST NAME _____

GRADE _____

PARENTS NAME AND LAST NAME _____

PHONE NUMBERS: Cell- _____ Home- _____

INSURANCE _____ ID/GROUP# _____

PHYSICAL UP TO DATE (No more than 1 year old): YES NO

I give permission to my son/daughter to participate in the programs of TRINITAS SOCCER ACADEMY.

Parent Signature _____

*****Please include payment (Full or monthly). Checks payable to TRINITAS ACADEMY.**