



Lynchburg Kids Sports League Registration Form
 Please complete and mail it to:
 TRBC - Children's Ministry - 1 Mountain View Rd., Lynchburg, VA 24502



GENERAL INFORMATION FOR ALL PLAYERS

Name of the parents/guardians child lives with _____

Address _____
Street City State Zip

Phone _____ Work _____ Church Attending _____

Cell _____ Email _____

REGISTRATION FEE: \$25.00 (each) Cash _____ Check # _____

PARENTS: WE NEED YOUR HELP! If you are interested, please circle the specified area(s)
 or call the Children's Ministry office @ 592-4289, the sports line @ 592-4293 or email Aaron Sparkman at sports@trbc.org

COACHES

ASSISTANT COACHES

REFEREES

CHILD 1

Soccer ___ K5-1st ___ 2nd-3rd ___ 4th-6th Girls

Flag Football ___ 4th-6th Boys

Name (as it is to appear on their trophy)

Male ___ Female ___ Grade (entering in fall) _____

School _____

T-Shirt Size (please circle)

	<small>6-8</small>	<small>10-12</small>	<small>14-16</small>	
CHILD	S	M	L	
ADULT	S	M	L	XL

CHILD 2

Soccer ___ K5-1st ___ 2nd-3rd ___ 4th-6th Girls

Flag Football ___ 4th-6th Boys

Name (as it is to appear on their trophy)

Male ___ Female ___ Grade (entering in fall) _____

School _____

T-Shirt Size (please circle)

	<small>6-8</small>	<small>10-12</small>	<small>14-16</small>	
CHILD	S	M	L	
ADULT	S	M	L	XL

CHILD 3

Soccer ___ K5-1st ___ 2nd-3rd ___ 4th-6th Girls

Flag Football ___ 4th-6th Boys

Name (as it is to appear on their trophy)

Male ___ Female ___ Grade (entering in fall) _____

School _____

T-Shirt Size (please circle)

	<small>6-8</small>	<small>10-12</small>	<small>14-16</small>	
CHILD	S	M	L	
ADULT	S	M	L	XL

I hereby grant permission for the above mentioned minor child(ren) to participate in the Thomas Road Baptist Church Sports Leagues.

We, the parents or legal guardians of _____

_____ release Thomas Road Baptist Church and the church personnel of any responsibility for accidental injuries sustained during the above activity.

Parent or Legal Guardian:

Date