

Moody Methodist Church
High School Sport Conditioning
Summer 2010

Participant Registration Form
Space is limited.

\$125.00 registration fee may be paid by cash or check.

Last Name: _____ First Name: _____
DOB: _____ Age as of June 1, 2010: _____
School Attended: _____ Grade: _____
Parents: _____
Parent's E-mail: _____
Address: _____
Home Phone: _____ Cell Phone: _____

Please indicate which session your son/daughter will be participating in:
_____ June 14-25 _____ July 19-30

Week 1 Schedule: Mon/Wed/Fri, 7:30am-9am
Week 2 Schedule: Mon/Wed/Fri, 7:30am-9:30am

Has your son/daughter participated in organized sports? _____
If yes, please list. _____
Does your son/daughter plan to participate in sports during school? _____

**Please fill out the medical release on the back of this registration form if your daughter does not already have one on file. Forms are valid for one year. The medical release form must be notarized, which may be done at Moody.

Office Use Only Below _____
Shelby__ Med Form Valid _____ to _____ E-mail__
Fee _____ Payment Type _____