

# SOCCER CAMP REGISTRATION FORM

**Registration Date:**

Athlete Information			
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	
<b>Email Address</b>	<b>Gender</b>	<b>T – Shirt Size</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>What is your child’s skill level?</b>			
<b>Does your child have any allergies or medical conditions?</b>			

Parent/Guardian Information		
<b>Full Name</b>	<b>Phone Number</b>	<b>Email Address</b>

Emergency Contact Information		
<b>Full Name</b>	<b>Phone Number</b>	<b>Relationship to Athlete</b>

I hereby provide my consent for my child's participation in all activities organized by the soccer camp during the chosen camp session. By accepting my child's participation, I acknowledge and accept all the potential risks and hazards associated with these activities. I release, exempt, and indemnify the soccer camp and all its officials, representatives, and agents from any responsibility for injuries that may occur to my child during their travel to, engagement in, or return from the camp sessions.

If my child sustains an injury, I waive any claims against the soccer camp, including its coaches, affiliates, fellow participants, supporting organizations, advertisers, and, if applicable, the owners and landlords of the premises where the event is held.

Engaging in sports activities, including soccer, inherently carries a risk of injury, which may include but is not limited to fractures, paralysis, or even fatality.

I hereby grant permission for qualified and licensed medical professionals to diagnose and administer treatment in the event of a medical emergency.

I hereby give consent to the attending physician to undertake any necessary medical or minor surgical procedures, conduct X-ray examinations, and administer immunizations to the youth athlete named. In cases of a serious illness, the requirement for major surgery, or significant accidental injury, I am aware that the attending physician will make every reasonable effort to contact me as swiftly as possible before proceeding with treatment. This authorization is granted after a reasonable attempt has been made to reach me.

I also authorize the affiliated individuals, including Directors, Coaches, and Team Parents, to provide essential emergency treatment before the child is admitted to a medical facility.

This consent is valid during the dates and for the duration of the registered season.

**Signature:**

**Signature Date:**